

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: WILCOTT, James B.

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY: _____

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

WILCOTT, JAMES B. TERMINATED
25798

SECRET

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | | |
|---|--|--------------------|------------|----------------------------------|--|---|--|--------------------|--|-----------------|--|
| 1. SERIAL NUMBER | | | | 2. NAME (Last-First-Middle) | | | | 21 Apr 66 | | | |
| 025703 | | WILCOX JAMES B. JR | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| RESIGNATION | | | | C.048. 04 15 66 | | REGULAR | | | | | |
| 6. FUNDS | | V TO V | V TO CP | 7. COST CENTER NO CHARGEABLE | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | |
| | | CP TO V | X CP TO CP | 6135 1164 | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDPA/JH USFIELD WH/C J:WAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH | | | | J:WAVE | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | | | |
| FISCAL ACCT ASST | | | | 1369 | | SF | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 0501.03 | | 07 4 | | \$ 6890. | | | |
| 18. REMARKS | | | | | | | | | | | |
| <p>* Staff Employee Special</p> <p>Subject is re-employable</p> <p>Resignation Memo Attached</p> <p><i>Approved by CS-SR Bm/6</i></p> | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert P. Gishman, JAH/Per</i> | | | | DATE SIGNED <i>28 April</i> | | DATE SIGNED | | | | | |
| 19. ACTION CODE | | | | | | | | | | | |
| 20. EMPLOY CODE | | | | | | | | | | | |
| 21. OFFICE CODING | | | | | | | | | | | |
| 22. STATION CODE | | 23. INTEGEE CODE | | 24. HOURS | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI | |
| 28. DATE | | 29. DATE | | 30. DATE | | 31. DATE | | 32. DATE | | 33. DATE | |
| MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | |
| 29. VTE EXPIRES | | | | | | | | | | | |
| 30. SPECIAL REFERENCE | | | | | | | | | | | |
| 31. RETIREMENT DATA | | | | | | | | | | | |
| 32. SEPARATION DATA CODE | | | | | | | | | | | |
| 33. SEPARATION DATA CODE | | | | | | | | | | | |
| 34. SEPARATION DATA CODE | | | | | | | | | | | |
| 35. VET. PREFERENCE | | | | | | | | | | | |
| 36. SERV. COMP. DATE | | | | | | | | | | | |
| 37. LONG. COMP. DATE | | | | | | | | | | | |
| 38. CAREER CATEGORY | | | | | | | | | | | |
| 39. FEGLI - HEALTH INSURANCE | | | | | | | | | | | |
| 40. SOCIAL SECURITY NO | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | | | | | | |
| 42. LEAVE CAT. CODE | | | | | | | | | | | |
| 43. FEDERAL TAX DATA | | | | | | | | | | | |
| 44. STATE TAX DATA | | | | | | | | | | | |
| 45. POSITION CONTROL CERTIFICATION | | | | | | | | | | | |
| 46. O.P. APPROVAL | | | | | | | | | | | |
| 47. DATE APPROVED | | | | | | | | | | | |

SECRET

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE

15 May 66 FOR THE FOLLOWING REASON: May 9 10 20 AM '66

OCTOBER 1966

MAIL ROOM

| | | |
|-------------------------------|--------------|-----------------------|
| MY LAST WORKING DAY WILL BE — | DATE SIGNED: | SIGNATURE OF EMPLOYEE |
| RECEIVED MEMO | | |

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7
and
Items 9 thru 18a } The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

| | | |
|---------------------|------------|------------|
| Regular | Summer | WAE |
| Part Time | Detail Out | Consultant |
| Temporary | Detail In | Military |
| Temporary-Part-Time | | |

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE
Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.
Foreign Field or U.S. Field (if pertinent)
Division or Staff (subordinate to first line)
Branch
Section
Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining* Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

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(This is a filled form)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | |
|---|----------------------------|------------------------------|--------------------------------|------------------------------------|------------------------------------|--|------------------------------------|--|--------------------------------------|--------------------------------|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | 9 November 1965 | | |
| 025793 | | WILCOTT, James B., Jr. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT # <i>62-2200</i> | | | | | | | | 4. EFFECTIVE DATE REQUESTED | | |
| | | | | | | | | MONTH | DAY | YEAR |
| | | | | | | | | 11 | 21 | 65 |
| 5. FUNDS | | V TO V | V TO CP | 6. COST CENTER NO CHARGEABLE | | 7. LEGAL AUTHORITY (Completed by Office of Personnel) | | 8. CATEGORY OF EMPLOYMENT | | |
| | | C TO V | X | 6135-1161 | | | | REGULAR | | |
| 9. ORGANIZATIONAL DESIGNATIONS ITP/NH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch | | | | | | | | 10. LOCATION OF OFFICIAL STATION JMWAVE | | |
| 11. POSITION TITLE FISCAL ACCT. ASST. | | | | | | | | 12. POSITION NUMBER (SF) 1869 | 13. CAREER SERVICE DESIGNATION SF | |
| 14. CLASSIFICATION SCHEDULE (GS, I.B., etc.) GS (07) | | | | 15. OCCUPATIONAL SERIES 0501.03 | | 16. GRADE AND STEP 07 (4) | 17. SALARY OR RATE \$ 6890 | | | |
| 18. REMARKS aStaff Employee Special. <i>C-03-60</i> | | | | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman, C/NH/Pers.</i> | | | | DATE SIGNED <i>10/10/65</i> | | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Robert D. Cashman, C/NH/Pers.</i> | | | | DATE SIGNED <i>10/10/65</i> |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | |
| 20. ACTION CODE | 21. EMPLOY CODE | 22. OFFICE CODING NUMERIC | 23. STATION CODE ALPHABETIC | 24. INTEGEE CODE | 25. MO. DA. VR. | 26. MO. DA. VR. | 27. MO. DA. VR. | 28. DATE OF BIRTH | | |
| 13 | 10 | 510-5x | WH | 990-0709 | 09/27/31 | 09/15/63 | 09/13/64 | 29. DATE OF GRADE | | |
| 30. RITE EXPENSES | 31. SPECIAL REFERENCE | 32. RETIREMENT DATA | 33. SEPARATION DATA CODE | 34. CORRECTION, CANCELLATION DATA | 35. MO. DA. VR. | 36. MO. DA. VR. | 37. MO. DA. VR. | 38. DATE OF LEI | | |
| NO. DA. VR. | | 1-CYC 3-FICA 5-HOURS | CODE | TYPE | 39. EOD DATA | 40. SECURITY REG. NO. | 41. SSI EXEMPT | 42. STATE EXEMPT | 43. GROUP | |
| 44. RET PRESENCE | 45. SERV. COMP. DATE | 46. LONG. COMP. DATE | 47. CAREER CATEGORY | 48. FEGLI/HEALTH INSURANCE | 49. MO. DA. VR. | 50. MO. DA. VR. | 51. MO. DA. VR. | 52. MO. DA. VR. | 53. MO. DA. VR. | |
| CODE 1 1-5 PT 2-10 PT | MO. DA. VR. 06/26/53/03 | MO. DA. VR. 04/15/7 | LAR RESH PROV TEMP | CODE C | CODE 1 | CODE 0-WAIVER 1-TTS | CODE - | CODE - | CODE - | |
| 54. PREVIOUS GOVERNMENT SERVICE DATA | | | | 55. LEAVE CAT CODE | 56. FEDERAL TAX DATA | | | 57. STATE TAX DATA | | |
| CODE 1 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE 3-BREAK IN SERVICE (LESS THAN 3 YEARS) 4-BREAK IN SERVICE (MORE THAN 3 YEARS) | | | | 6 | 58. FORM EXECUTED 1-YES 2-NO | 59. NO. TAX EXEMPTIONS 0 0 | 60. FORM EXECUTED 1-YES 2-NO | 61. NO. TAX EXEMPTIONS - | 62. STATE CODE - | |
| 58. POSITION CONTROL CERTIFICATION <i>12-5165</i> | | | | | | | | 59. O.P. APPROVAL <i>12-5165</i> | | |
| | | | | | | | | 60. DATE APPROVED <i>10/10/65</i> | | |

0-42 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNLOADING
AND DELIVERY LIST

14.

SECRET

(Do not initial)

DATE PREPARED

9 November 1965

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | | | | |
|--|---|--|--|--|---|---|-------------------------------|-----------------------------|
| 1. SERIAL NUMBER 025793 | 2. NAME (First-Last-Middle) Hollis, James B. Jr. | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION RESIGNATION | | | | 4. EFFECTIVE DATE REQUESTED MONTH / DAY / YEAR 11 / 28 / 65 | 5. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6. FUNDS DOD/WH | V TO V C TO V | V TO O X C TO O | | 7. COST CENTER NO CHARGEABLE 6135-1164 | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DOD/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch | | | | 10. LOCATION OF OFFICIAL STATION JMWAVE | | | | |
| 11. POSITION TITLE FISCAL ACCT. ASST. | | | | 12. POSITION NUMBER 1369 | 13. CAREER SERVICE DESIGNATION SP | | | |
| 14. CLASSIFICATION SCHEDULE (GS, E.R. etc.) GS | | 15. OCCUPATIONAL SERIES 0501.03 | 16. GRADE AND SRF 07 (L) | 17. SALARY OR RATE \$ 6390 | | | | |
| 18. REMARKS | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Per | | | DATE SIGNED 12-26-65 | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Hollis, James B. Jr. | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE 10 | 20. EMPLOY CODE 10 | 21. OFFICE CODING NUMERIC | 22. STATION CODE ALPHABETIC | 23. INTEGEE CODE | 24. HOURS CODE | 25. DATE OF BIRTH MO DA YR 09 27 31 | 26. DATE OF GRADE MO DA YR | 27. DATE OF I&I MO DA YR |
| 28. HIRE EXPIRES MO DA YR | 29. SPECIAL REFERENCE 1-NO 2-PT 3-RTN | 30. RETIREMENT DATA CODE 1-CS 2-FICA 3-RTN | 31. SEPARATION DATA CODE 127009 | 32. CORRECTION CANCELLATION DATA TYPE 1-ES 2-DA 3-RTN | 33. SECURITY REQ. NO 1 | 34. SEX M | | |
| 35. VET PREFERENCE CODE 0-NO 1-5 PT 2-10 PT | 36. SERV COMP DATE MO DA YR | 37. LONG COMP DATE MO DA YR | 38. CAREER CATEGORY CAR RSV PROV/TEMP | 39. FEDERAL HEALTH INSURANCE CODE 0-DRIVER 1-YES | 40. SOCIAL SECURITY NO HEALTH INS. CODE | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO | 45. NO TAX EXEMPT CODE | 46. STATE CODE | |
| 47. POSITION CONTROL CERTIFICATION 12-26-65 | | | | 48. O.P. APPROVAL | | | 49. DATE APPROVED 12-26-65 | |

SECRET

| REQUEST FOR PERSONNEL ACTION | | | | | | | DATE PREPARED | | | | | | | | | |
|---|-----------------------------|-----------------------|---------------------------|--|--------------------------|--|---|---------------------|--------------------------|------------------|---------------|-------------------|---------------|------|----------------|----------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | | | | 15 April 1965 | | | | | | | | | |
| 025793 | Hibell, James B | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | | |
| EXEMPTED APPOINTMENT | | | | MONTH | DAY | YEAR | REGULAR | | | | | | | | | |
| 6. FUNDS | V TO V | V TO O | | 124 | 25 | 65 | | | | | | | | | | |
| | OF TO V | X | OF TO O | 7. COST CENTER NO (CHANGEABLE) | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | | | | | |
| | | | | 5135-1164 | | | 5135-1164 | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | |
| IEP/Special Affairs Staff | | | | J. I. WAVE | | | | | | | | | | | | |
| U. S. Field | | | | 11. POSITION NUMBER | | | | | | | | | | | | |
| Forward Operations Station - J. I. WAVE | | | | 12. POSITION NUMBER | | | | | | | | | | | | |
| Deputy for Support | | | | 13. CAREER SERVICE DESIGNATION | | | | | | | | | | | | |
| Finance Branch | | | | 14. CLASSIFICATION SCHEDULE (GS, F.B., etc.) | | | | | | | | | | | | |
| | | | | 15. OCCUPATIONAL SERIES | | | | | | | | | | | | |
| GS | | | | 16. GRADE AND STEP | | | | | | | | | | | | |
| | | | | 17. SALARY OR RATE | | | | | | | | | | | | |
| | | | | \$ 6650 | | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | |
| Subject replacing Wm. C. JUNGENTHAL, rotating to Headquarters latter part of May 1965 | | | | | | | | | | | | | | | | |
| C-03-60 OVERLAP Record 12-3 65 B-1809-65 22 April 65 CONCUP: G. H. Tiffey 4/26/65 Hibell, James B. Service | | | | | | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICER | | | | DATE SIGNED | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED | | | | | | | |
| Hibell, James B. Service | | | | 15 April 1965 | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. HQDRS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LES | | | | | | | | |
| 13 | 10 | 49100 | SAS | 99999 | 2 | 09-27-31 | 09-15-63 | 09-16-63 64 | | | | | | | | |
| 20. RETIRE EXPENS | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION-CANCELLATION DATA | | 33. SECURITY REQ NO | 34. SER | | | | | | | |
| | | | 1-CSC 3-FICA 5-MORE | | CODE | TYPE | MO DA YR | | | | | | | | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | | 37. LONG COMP. DATE | | 38. CAREER CATEGORY | 39. FEGL/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | | | | |
| CODE | | MO. DA. YR. | | MO. DA. YR. | | CAR. RESV PROF./TEMP | CODE | CODE | 0-WARER 1-YES 2-NO | HEALTH INS. CODE | | | | | | |
| 1 1-NO 1-3 PT 2-10 PT | | 01 26 33 | | 03 04 57 | | C 1 | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | | | | 42. LEAVE CAT | | | | | | | |
| | | | | | | | | | CODE | FORM EXECUTED | CODE | NO TAX EXEMPTIONS | FORM EXECUTED | CODE | NO. TAX EXEMPT | STATE TAX DATA |
| | | | | | | | | | b | 1-YES 2-NO | O | O | 1-YES 2-NO | | | STATE CLOS |
| 43. POSITION CONTROL CERTIFICATION | | | | | | | | | 44. O.P. APPROVAL | | DATE APPROVED | | | | | |
| | | | | | | | | | | | 27 APR 1965 | | | | | |

~~SECRET~~

When filled in

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | | | | | | | | |
|--|--|-----------------------------|--|----------------------------|--|---|--|----------------------------------|-----|----------------------------|--|--------------------|--|-----------------------|--|---------------|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | 19 April 1965 | | | | | | | | | |
| 025798 | | WILCOTT, JAMES B., Jr. | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION: | | | | | | | | 4. EFFECTIVE DATE REQUESTED | | | | | | | | | |
| Registration | | | | | | | | MONTH | DAY | YEAR | | | | | | | |
| 5. FUNDS | | X V TO V | | V TO CP | | | | 04 | 24 | 65 | | | | | | | |
| | | CP TO V | | CP TO CP | | | | | | | | | | | | | |
| 6. ORGANIZATIONAL DESIGNATIONS | | | | | | | | 7. COST CENTER NO. CHARGEABLE | | | | | | | | | |
| DDS - OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section | | | | | | | | 5277-0003 | | | | | | | | | |
| 8. POSITION TITLE | | | | | | | | 9. CATEGORY OF EMPLOYMENT | | | | | | | | | |
| Finance Assistant | | | | | | | | Regular | | | | | | | | | |
| 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | | | | | | |
| | | | | | | | | Washington, D. C. | | | | | | | | | |
| 11. POSITION NUMBER | | | | | | | | 12. CAREER SERVICE DESIGNATION | | | | | | | | | |
| Finance Assistant (7) | | | | | | | | SF | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | |
| GS | | | | 0510.16 | | 07-4 | | 6650 | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | |
| Lee - Security Lee - Payroll | | | | | | | | | | | | | | | | | |
| 19. SIGNATURE OF REQUESTING OFFICIAL <i>Thomas O'Farrell</i> Act. Director of Finance | | | | DATE SIGNED 10 APR 1965 | | 20. SIGNATURE OF CAREER SERVICE APPROVING | | | | DATE SIGNED 10 APR 1965 | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | |
| 19. ACTION CODE | | 20. OFFICE CODING | | 22. STATION CODE | | 23. INTERSTATE CODE | | 24. MO/DO/ | | 25. DATE OF BIRTH | | 26. DATE OF DEATH | | 27. DATE OF LEA | | | |
| 45 10 | | | | | | | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | | |
| 28. RATE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA | | 32. CORRECTION/CANCELLATION DATA | | | | | | 33. SECURITY REG. NO. | | | |
| | | | | | | | | | | | | | | 34. SEA | | | |
| 35. VET. PREFERENCE | | 36. SERV. COMM. DATE | | 37. LONG. COMM. DATE | | 38. CAREER CATEGORY | | 39. FED. / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | | | | |
| CODE | | MO. DA. YR. | | MO. DA. YR. | | CODE | | CODE | | 0 - UNINSURED | | 1 - INSURED | | | | | |
| 0 - NO 1 - 5 yrs. 2 - 10 yrs. | | | | | | | | 1 - YES | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | | | 42. LEAVE CAT. CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | |
| CODE | | | | | | | | | | FORM EXECUTED | | NO. TAX EXEMPTIONS | | FORM EXECUTED | | | |
| 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs) | | | | | | | | | | 1 - YES 2 - NO | | | | 1 - YES 2 - NO | | | |
| 45. POSITION CONTROL CERTIFICATION | | | | | | | | | | 46. O.P. APPROVAL | | | | | | DATE APPROVED | |
| 4-26-65 H | | | | | | | | | | | | | | | | 22 APR 1965 | |

DOD: 27 APR 65

| NOTIFICATION OF PERSONNEL ACTION | | | |
|--|-----------------------------|---------------------------------|-------------------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | |
| 025798 | WILCOTT JAMES B JR | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| RESIGNATION | | 04 24 65 | REGULAR |
| 6. FUNDS  | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE |
| | CF TO V | CF TO CF | 9277 0003 0000 |
| 8. ORGANIZATIONAL DESIGNATIONS | | 9. LOCATION OF OFFICIAL STATION | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| FINANCE ASSISTANT | | 0470 | SP |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | 0510.16 | 07 4 | 6850 |
| 18. REMARKS | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | | | | |
|---|--|-------------------------|----------------------|----------------------------------|---|-------------------------|-------------------|--------------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | 15 September 1964 | | | | |
| 025798 | WILCOTT, James Bernard, Jr. | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | 5. CATEGORY OF EMPLOYMENT | | | |
| Reassignment & Transfer to Vouchered Funds | | | | MONTH DAY YEAR 10 11 64 | Regular | | | |
| 6. FUNDS | V TO V | V TO CF | | 7. COST CENTER NO. CHARGEABLE | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| | X CF TO V | CF TO CF | | 5277-0003 | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | |
| DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section | | | | Washington, D. C. | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION | | | |
| Finance Assistant | | | | 0470 | SF | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | 17. SALARY OR RATE | | | |
| GS | | 0510.16 | | 07/4 | \$ 6650 | | | |
| 18. REMARKS | | | | | | | | |
| <p>From: FE/Tokyo</p> <p>Security Approval Granted by Pers. SB/OS 9/21/64 CONCUR: 7. Director of Finance FE/Personnel 10/1/64</p> <p>RECD 10/1/64</p> <p>1cc - Sec 1cc - Payroll w/ Forms W-4 and</p> | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | | | DATE SIGNED | DATE SIGNED | | | | |
| Acting Chief, C&T Division | | | 10/1/64 | 10/1/64 | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 18. ACTION CODE | 20. EMPLOYEE CODE | 21. SERVICE CODE | 22. STATUS | 23. INTERVIEW CODE | 24. HOURS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 16 | 16 | 12-00 | 0000 | FEA | RCB | 09/27/31 | | |
| 28. BIRTH DATE | | 30. RETIREMENT DATE | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLED DATA CODE | 33. SECURITY REG. NO. | | 34. SEX |
| MO. DA. YR. | MO. DA. YR. | 1 - CSC | 2 - CSC | TYPE | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. |
| 35. VET. PREFERENCE | | 36. SERIAL. COMM. DATE | 37. COMM. COMM. DATE | 38. CAREER CATEGORY | 39. FED. / HEALTH INS. CODE | 40. SOCIAL SECURITY NO. | | |
| CODE | C - NONE 1 - 5 yrs. 2 - 10 yrs. | MO. DA. YR. | MO. DA. YR. | CAR/RESV PROV/TEMP | CODE | 0 - NO YES | 1 - NO YES | 1 - NO YES |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. AWARDED PAY. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | |
| CODE | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | FORM EXECUTED | CODE | NO. TAX EXEMPTIONS | FORM EXECUTED | CODE | NO. TAX EXEMPTIONS |
| | | | 1 - YES 2 - NO | | | 1 - YES 2 - NO | | |
| 45. POSITION CONTROL CERTIFICATION | | | | 46. O.P. APPROVAL | | | DATE APPROVED | |
| from FE 10/1/64 | | | | | | | 10/1/64 | |

SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | | |
|--|-----------------------|---------------------------------|--------------------------|---|------------------------------------|--|------------------------------------|-------------------------------------|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | 3. SEPTEMBER 1963 | | |
| 025798 | | WILCOTT, JAMES F., JR. | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION | | | | MONTH DAY YEAR 09 15 63 | REGULAR | | | |
| 6. FUNDS | | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE 4137-7351-1000 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| CF TO V | | X | X | CF TO CF | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | |
| DDP FE FE/JKO - TOKYO STATION SUPPORT STAFF | | | | TOKYO, JAPAN | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION | | | |
| FISCAL ACCT ASST | | | | 3167 | SF | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | 17. SALARY OR RATE | | | |
| GS | | GS 0501.03 | | 07 03 | 5,910 | | | |
| 18. REMARKS FROM: GS- 6 step 4 | | | | | | | | |
| FOR FURTHER INFO, CALL X5271 | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | | | DATE SIGNED | 18B. SIGNATURE OF APPROVING OFFICIAL | | | DATE SIGNED | |
| LEE AUSTIN, CFE/PERSONNEL | | | 05 SEP 1963 | ADMIN. OFFICER, O/COMPTROLLER | | | 9/11/63 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. RETIREMENT CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. WOOPS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LE |
| 22 | 10 | 15370FE | 3881 | 3 | 09 | 1973 | NO. DA. YR. | NO. DA. YR. |
| 28. RTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | | 33. SECURITY REG. NO. | 34. SEX |
| NO. DA. YR. | | 1 - CSC 3 - FICA 5 - RONF | CODE | TYPE | NO. DA. YR. | NO. DA. YR. | | |
| 35. VET. PREFERENCE | | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FED. 1 / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | |
| CODE 0 - NONE 1 - 5 PT. 2 - 10 PT. | | MO. DA. YR. | MO. DA. YR. | CAR/RESV PROV/TEMP | CODE 0 - BROTHER 1 - YES | HEALTH INS. CODE 1 - NO | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | |
| CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | | | | FORM EXECUTED 1 - YES 2 - NO | NO. TAX EXEMPT 1 - NO 2 - YES | FORM EXECUTED 1 - NO 2 - YES | NO. TAX EXEMPT 1 - NO 2 - YES |
| 45. POSITION CONTROL CERTIFICATION | | | | 46. O.P. APPROVAL | | | 47. DATE APPROVED | |
| W. R. Keeney 09/13/63 | | | | | | | 13 SEP 1963 | |

SECRET

(0400-1961 Edition)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | |
|--|-----------------------------|--------------------------|--|---------------------------------|--|----------------------------------|---|----------------------------------|--|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | | | | | 13 October 1961 | |
| 025798 | Wilcott, James B. Jr. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | | 4. EFFECTIVE DATE REQUESTED | |
| Promotion | | | | | | | | BIRTH DAY YEAR | 5. CATEGORY OF EMPLOYMENT |
| | | | | | | | | 11 12 61 | Regular |
| 6. FUNDS | | | | | | | | 7. COST CENTER NO. CHARGEABLE | 8. LEGAL AUTHORITY. (Completed by Office of Personnel) |
| DOD TO V | | | | | | | | 2137-7321-1000 | |
| CF TO V | | | | | | | | | |
| X | | | | | | | | CF TO CF | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE FE/JAO - Tokyo Station Support Staff - TOKYO | | | | | | | | Tokyo, Japan | |
| 11. POSITION TITLE | | | | | | | | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
| Fiscal Acct Asst | | | | | | | | D-07 | SF |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE | | | |
| GS | | | | 0501.03 | 6 | 4 | 4220 5,325 | | |
| 18. REMARKS | | | | | | | | | |
| Promotion from GS-5, Step 3 to GS-6, Step 4 | | | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL | | | | DATE SIGNED | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | | DATE SIGNED |
| V.L. Shoba, MTS, DODS | | | | | E. H. SAUNDERS, Comptroller | | | | 13 October 1961 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 20. ACTION CODE | | 21. PAY IN CODING | | 22. STATION CODE | 23. RELEASE DATE | 24. DOB | 25. DATE OF BIRTH | 26. DATE OF GRANT | 27. DATE OF LEI |
| 22. 10 | | 5636 FE | | 27587 | 3 | 09 12 31 | 11 12 61 | 11 12 61 | 11 12 61 |
| 28. PAY EXPIRES | | 29. SPEC. R. REFERENCE | | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG. NO. | 34. SEA |
| | | | | 1 - SOC 3 - FICA 4 - NONE | CODE | | | | |
| 35. VET. PREFERENCE | | 36. PERIOD OF COMP. DATE | | 37. LONG. COMP. DATE | 38. MIL. SERV. CREDITED | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | |
| CODE 0 - NONE 1 - 5 yr 2 - 10 yr | | | | | 1 - YES 2 - NO | CODE 0 - UNIV. 1 - VETS | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | |
| CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS | | | | | 45. TAX EXEMPTED CODE 1 - YES 2 - NO | 46. TAX EXEMPTIONS | 47. FORM EXECUTED CODE 1 - YES 2 - NO | 48. CODE | 49. TAX EXEMPTED STATE CODE |
| 45. POSITION CONTROL CERTIFICATION | | | | 46. O.P. APPROVAL | | | 47. DATE APPROVED | | |
| 2/1/61 | | | | | | | 11/3/61 | | |

6/6/62

SECRET



APPLICATION FOR MEMBERSHIP
in the CAREER STAFF of the
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassessments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF
THE CENTRAL INTELLIGENCE AGENCY
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:
EXECUTIVE DIRECTOR

THE CIA SELECTION BOARD

Daniel C. Knapp

SECRET

(Signature)_____
(Date)

REQUEST FOR PERSONNEL ACTION

| | | | | | |
|---------------|-----------------------------|---------------------------------|-------------------|------------------------|--------------------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof | 5. Sex | 6. CS : EOD |
| | Walcott, James E., Jr. | Mo. Da. Yr. | None-0 Code | Mo. Da. Yr. | Mo. Da. Yr. |
| 7. SPC | 8. CSC (Initials) | 9. CSC Or Other Legal Authority | 10. Army Altitude | 11. FEGLI 138. | 12. ⁸ Min. Age |
| Mo. Da. Yr. | Yes - 1 Code No - 2 | | Mo. Da. Yr. | Yes-1 Code Mo. Da. Yr. | Yes - 1 Code No - 2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|-----------------------------------|----------------------------------|-----------------------------|-----------------|--------------------------|
| 14. Organizational Designations DIS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit | Code | 15. Location Of Official Station | Station Code | | |
| 16. Dept - Field | 17. Position Title | 18. Position No. | 19. Serv. 20. Occup. Series | | |
| Dept - USM - Fpo - | Code - <u>9</u> - Fiscal Acct Clk | 0506 | GS 0501.01 | | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
| 05 3 | \$ 4310 | SF | Mo. Da. Yr. | 9 12 15 19 1860 | 0263 1010 |

ACTION

| | | | | | |
|---|------|------------------------------|---------------------------------|------|------------------------------------|
| 27. Nature Of Action Reassignment + T to C,F | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee Regular | Code | 30. Separation Date Mo. Da. Yr. |
|---|------|------------------------------|---------------------------------|------|------------------------------------|

PRESENT ASSIGNMENT

| | | | | | |
|--|------------------------------------|----------------------------------|-----------------------------|-------------|--------------------------|
| 31. Organizational Designations DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo | Code | 32. Location Of Official Station | Station Code | | |
| 33. Dept - Field | 34. Position Title | 35. Position No. | 36. Serv. 37. Occup. Series | | |
| Dept - USM - Fpo - <u>5</u> | Code - <u>5</u> - Fiscal Acct Asst | 3167 | GS 0501.03 | | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| | \$ | | Mo. Da. Yr. | Mo. Da. Yr. | 0137 7351 3000 |

SOURCE OF REQUEST

| | |
|--|---|
| A. Requested By (Name And Title) CCE/JAO | C. Request Approved By (Signature And Title) Robert D. Casman, CCE/Personnel |
| B. For documentary information Call (Name & Telephone Ext.) Little, X2957 | |

CLEARANCES

| | | | | | |
|-------------------|-----------|----------|----------------|-----------|------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | | 12-23-60 | D. Placement | | |
| B. Post Control | | | | | |
| C. Classification | | | E. Approved By | | |
| Remarks | | | | | |

2 copies to Security.
Please transfer from vouchered to unvouchered funds as of 15 May 1960.
Subject to replace who is returning to 21 June 1960.

SECRET

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | |
|----------------------|-----------------------------|---------------------------------|-------------|----------------------|---------------------|----------------------|-----------------------------|-----------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet Prof | 5. Sex | 6. SS No. | |
| 125798 | WILLOTT, JAMES B JR | | | Mo. 09 Da. 27 Yr. 31 | Name/0 Code S.P.1 1 | M 1 | No. 02 Yr. 03 Da. 04 Yr. 57 | |
| 7. SCD | 8. CSC Rating | 9. CSC Or Other Legal Authority | | | 10. Appt. Affidav | 11. FLC/LI | 12. LCD | 13. Other |
| Mo. 06 Da. 26 Yr. 53 | Yes - 1 No - 2 | Code 1 | 50 USCA 103 | | | Mo. 03 Da. 04 Yr. 57 | Yes - 1 No - 2 | Code 2 |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|--|------------------------------------|------------------|----------------------------------|--|--|------------------------------------|--|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT. | | | Code 3803 | 15. Location Of Official Station WASH., D. C. | Station Code 75013 | | |
| 16. Dept. - Field | 17. Position Title FINANCE ASST | | | 18. Position No. 0470 | 19. Serv. GS | 20. Occas. Series 0510.14 | |
| Dept - USLfd - Frgn - | Code 2 | 21. Grade & Step | 22. Salary Or Rate \$ 10000 4340 | 23. SD SF | 24. Date Of Grade Mo. 03 Da. 12 Yr. 1957 | 25. PSL Due Mo. 04 Da. 20 Yr. 1957 | 26. Appropriation Number 9 6300 20 004 |

ACTION 9 18 60

| | | | | | |
|--------------------------------------|---------|-----------------------|---------------------------------|---------|---------------------|
| 27. Nature Of Action Reassignment | Code 01 | 28. Eff. Date ASAP | 29. Type Of Employee Regular | Code 01 | 30. Separation Date |
|--------------------------------------|---------|-----------------------|---------------------------------|---------|---------------------|

PRESENT ASSIGNMENT

| | | | | | | |
|--|---------------------------------------|----------------------------|-----------|---|-------------------------------------|------------------------------------|
| 31. Organizational Designations DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit | | | Code ↑ | 32. Location Of Official Station Wash., DC | Station Code | |
| 33. Dept. - Field | 34. Position Title Fiscal Acct Clk | | | 35. Position No. 506 | 36. Serv. 37. Occas. Series 0501.04 | |
| Dept - XX Code 2 | 38. Grade & Step 5/3 | 39. Salary Or Rate \$ 4340 | 40. SD SF | 41. Date Of Grade Mo. Da. Yr. 10-2-57 | 42. PSL Due Mo. Da. Yr. 10-2-57 | 43. Appropriation Number 0263-1040 |

SOURCE OF REQUEST

| | |
|--|---|
| A. Requested By (Name And Title) Deputy Chief, Finance Division | C. Request Approved By (Signature And Title) Comptroller |
| B. For Additional Information Call (Name & Telephone Ext.) | |

CLEARANCES

| | | | | | |
|------------------------------|-----------|---------|---------------------------|----------------------|------|
| Clearance A. Career Board | Signature | Date | Clearance D. Placement | Signature | Date |
| B. Pos. Control | tg | 10-2-57 | E. | | |
| C. Classification | | | F. Approved By | W. M. L. Comptroller | 2-57 |
| Remarks | | | | | |

REQUEST FOR PERSONNEL ACTION

| | | | | | |
|-------------------------|-----------------------------|---------------------------------|-----------------------------|------------|--------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet Prof | 5. Sex | 6. CS - EOD |
| 125798 | WILCOTT JAMES B JR. | Mo. Da. Yr. 09 27 31 | None-0 5 Pt-1 10 Pt-2 | M 1 | Mo. Da. Yr. 03 04 57 |
| 7. SCD | 8. CSC Reinst. | 9. CSC Or Other Legal Authority | 10. Amt. Alldav. | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. 06 26 53 | Yrs-1 No-2 | Code 1 | Mo. Da. Yr. No-2 | Code 03 | Mo. Da. Yr. No-2 2 |
| 50 USCA 403 | | | | | |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|---------------------------------------|--|---|--|---|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION | Code 3803 | 15. Location Of Official Station WASH., D. C. | Station Code 75013 | | |
| 16. Dept. - Field Dept - USM USMId - 2 Fragn - | 17. Position Title TIME LV PAY CLK | 18. Position No. 0305202 | 19. Serv. 20. Occup. Series GS 0544.01 | | |
| 21. Grade & Step 05 1/1 | 22. Salary Or Rate \$ 4190 | 23. SD SF | 24. Date Of Grade Mo. Da. Yr. 09 122 57 | 25. PSI Due Mo. Da. Yr. 09 21 58 | 26. Appropriation Number 9-6300-20-004 |

ACTION

| | | | | | |
|--------------------------------------|------------|--------------------------------------|---------------------------------|------------|---------------------|
| 27. Nature Of Action Reassignment | Code 56 | 28. Eff. Date Mo. Da. Yr. ASAP | 29. Type Of Employee Regular | Code 01 | 30. Separation Data |
|--------------------------------------|------------|--------------------------------------|---------------------------------|------------|---------------------|

PRESENT ASSIGNMENT

| | | | | | |
|--|---|---|--|---------------------------------------|---|
| 31. Organizational Designations DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section | Code 5215 | 32. Location Of Official Station Wash., DC | Station Code 75013 | | |
| 33. Dept. - Field Dept - X USMId - 2 Fragn - | 34. Position Title Finance Assistant | 35. Position No. 4470 | 36. Serv. 37. Occup. Series 0510.14 | | |
| 38. Grade & Step 5/2 | 39. Salary Or Rate \$ 4190.00 | 40. SD SF | 41. Date Of Grade Mo. Da. Yr. 7/1/57 | 42. PSI Due Mo. Da. Yr. 9/13/59 | 43. Appropriation Number 9-6300-20-004 |

SOURCE OF REQUEST

| | |
|--|--|
| A. Requested By (Name And Title) Acting Chief, Finance Division | C. Request Approved By (Signature And Title) J. Harmsdorff Comptroller |
| B. For Additional Information Call (Name & Telephone Ext.) | |

CLEARANCES

| | | | | | |
|------------------------------|----------------------------|-----------------|---------------------------|-----------|------|
| Clearance A. Career Board | Signature | Date 20-1959 | Clearance D. Placement | Signature | Date |
| S. Pos. Control | | | E. | | |
| C. Classification | | | F. Approved By | 8/1/59 | |
| Remarks | For slotting purposes only | | | | |

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | |
|---------------|-----------------------------|------|--------|---------------------------------|-------------------|-------------|-------------|-----------|------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet Prof. | 5. Sex | 6. GS - EGD | | |
| 125749 | WILLIAMS, VIVIAN E. JR | | | Mo. Da. Yr. | Non-UG Code | Mo. Da. Yr. | Mo. Da. Yr. | | |
| 7. SCD | 8. CSC Permit | | | 9. CSC Or Other Legal Authority | 10. Appt. Affidav | 11. FEGLI | 12. LCD | 13. Other | |
| Mo. Da. Yr. | Yes - 1 | Code | No - 2 | Mo. Da. Yr. | Yes - 1 | Code | Mo. Da. Yr. | Yes - 1 | Code |
| 05 26 73 | | | | 09 12 73 | 10 P-1 | 1 | 05 24 73 | | |

PREVIOUS ASSIGNMENT

| | | | | | |
|--|------------------------------------|---|---|-------------------------|---------------------------------------|
| 14. Organizational Designations DOS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION | Code | 15. Location Of Official Station 3803 WASH., D. C. | Station Code 75913 | | |
| 16. Dept. - Field Dept. <input checked="" type="checkbox"/> Code USId. <input checked="" type="checkbox"/> 2 Frgn. <input type="checkbox"/> | 17. Position Title FINANCE ASST | 18. Position No. 0541.03 | 19. Serv. <input type="checkbox"/> 20. Occup. Series 05 <input type="checkbox"/> 0510.15 | | |
| 21. Grade & Step 05 1 | 22. Salary Or Rate \$ 3670 | 23. SD SP | 24. Date Of Grade 09 12 73 | 25. PSI Due 09 12 73 | 26. Appropriation Number 8-6304-20 |

ACTION

| | | | | | |
|--------------------------------------|------------|-----------------------|---------------------------------|------------|---------------------|
| 27. Nature Of Action Reassignment | Code 56 | 28. Eff. Date ASAP | 29. Type Of Employee Regular | Code 01 | 30. Separation Date |
|--------------------------------------|------------|-----------------------|---------------------------------|------------|---------------------|

PRESENT ASSIGNMENT

| | | | | | |
|--|--|---|---|----------------------------|---------------------------------------|
| 31. Organizational Designations DOS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section | Code | 32. Location Of Official Station Wash., DC | Station Code | | |
| 33. Dept. - Field Dept. <input checked="" type="checkbox"/> Code USId. <input checked="" type="checkbox"/> Frgn. <input type="checkbox"/> | 34. Position Title Time Leave Pay Clk | 35. Position No. M005.02 | 36. Serv. <input type="checkbox"/> 37. Occup. Series 0544.01 | | |
| 38. Grade & Step 5/1 | 39. Salary Or Rate \$ 3670.00 | 40. SD SP | 41. Date Of Grade Mo. Da. Yr. | 42. PSI Due Mo. Da. Yr. | 43. Appropriation Number 8-6304-20 |

SOURCE OF REQUEST

| | |
|--|--|
| A. Requested By (Name & Title) Deputy Chief, Finance Division | C. Request Approved By (Signature And Title) Acting Comptroller |
| B. For Additional Information Call (Name & Telephone Ext.) | |

CLEARANCES

| | | | | | |
|-------------------|----------------------------------|-------------|----------------|-----------|------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | | 16 APR 1988 | E. | | |
| C. Classification | | | F. Approved By | | |
| Remarks | K. W. St. by [Signature] 4/12/88 | | | | |

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | |
|---------------|-----------------------------|------|--------|---------------------------------|--------------------|-----------|-------------|--------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Ver. Prof. | 5. Sex | 6. GS - EOD | |
| | WILCOTT, James B., Jr. | | | Mo 9 27 31 | None:0 Code 5 Pt-1 | M | Mo Da Yr | |
| 7. SCD | 8. CSC Retire | | | 9. CSC Or Other Legal Authority | 10. Appt. Alt/Adv. | 11. FEGLI | 12. LCD | 13. GS - EOD |
| Mo Da Yr | Yes - 1 | Code | No : 2 | | Mo Da Yr | Yes - 1 | Code | Mo Da Yr |
| | | | | No - 2 | | No - 2 | | |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|--|---------------------------------------|--------|-------------------|---|---------------------------------------|-------------------|--------------|
| 14. Organizational Designations DDG/Office of the Comptroller Fiscal Division Accounts Branch Allotment Ledger Section | | | Code | 15. Location Of Official Station Wash., DC | | | Station Code |
| 16. Dept. Field | 17. Position Title Fiscal Acct Clk | | | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Dept. XX Code Usdld. Frpn. | | | | 30.01 | | 0501.04 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number 8-6303-20 | | |
| 5/1 | \$ 3670.00 | SF | Mo Da Yr | Mo Da Yr | | | |

ACTION

| | | | | | | | |
|--------------------------------------|--|------------|-----------------------|---------------------------------|--|------------|---------------------|
| 27. Nature Of Action Reassignment | | Code 56 | 28. Eff. Date ASAP | 29. Type Of Employee Regular | | Code 01 | 30. Separation Date |
|--------------------------------------|--|------------|-----------------------|---------------------------------|--|------------|---------------------|

PRESENT ASSIGNMENT

| | | | | | | | |
|--|---|--------|----------------------|---|---------------------------------------|-------------------|-----------------------|
| 31. Organizational Designations DDG/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section | | | Code 3805 | 32. Location Of Official Station Wash., DC | | | Station Code 75013 |
| 33. Dept. Field | 34. Position Title Finance Assistant | | | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept. XX Code Usdld. Frpn. | | | | 521.03 | | 0510.14 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number 8-6304-20 | | |
| 5/1 | \$ 3670.00 | SF | Mo Da Yr 09/21/57 | Mo Da Yr 09/21/57 | | | |

SOURCE OF REQUEST

| | | |
|--|--|---|
| A. Requested by (Name And Title) Deputy Chief, Finance Division | B. For Additional Information Call (Name & Telephone Ext.) | C. Request Approved By (Signature And Title) James B. Wilcott Comptroller |
|--|--|---|

CLEARANCES

| | | | | | |
|------------------------------|----------------------------|----------------|---------------------------|----------------------------|--------|
| Clearance A. Career Board | Signature J. B. Wilcott | Date 2/1/58 | Clearance D. Placement | Signature | Date |
| B. Pos. Control | | | E. | | |
| C. Classification | | | F. Approved By | R. L. Shengley (Signature) | 2/1/58 |

Remarks

Subject will replace [] who is processing for an o/s assignment.

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

VOUCHERED
12 September 1957

| | | | | | | | |
|---------------|-----------------------------|---------------------------------|--------------------|------------------------|---------------|----------------------------|-------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. CS - EOD |
| | WILCOTT, James B. | | | Mo Da Yr | None-0 Code | Mo Da Yr | Mo Da Yr |
| 7. SCD | 8. CSC. Retire | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD | 13. Mil. Serv. Credit C.R. | |
| Mo Da Yr | Yes - 1 Code No - 2 | | Mo Da Yr | Yes - 1 Code No - 2 | Mo Da Yr | Yes - 1 Code No - 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|--|--|--------|-------------------|---|--------------------------|-------------------|--------------|
| 14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section | | | Code | 15. Location Of Official Station Washington, D. C. | | | Station Code |
| 16. Dept.- Field | 17. Position Title Fiscal Acct. Clk | | | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Dept - X Code Usfld - M Fran - | | | | 30.01 | | GS-0501.04-4 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PPSI Due | 26. Appropriation Number | | |
| GS-4 1 | \$ 3415 | SP | Mo Da Yr | Mo Da Yr | 8-6303-20 | | |

ACTION

| | | | | | |
|----------------------|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| PROMOTION | | Mo Da Yr | Regular | | |
| | | 23 SEP 1957 | | | |

PRESENT ASSIGNMENT

| | | | | | | | |
|--|---------------------------------------|--------|-------------------|---|--------------------------|-------------------|--------------|
| 31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section | | | Code | 32. Location Of Official Station Washington, D. C. | | | Station Code |
| 33. Dept.- Field | 34. Position Title Fiscal Acct Clk | | | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept - X Code Usfld - M Fran - | | | | 30.01 | | GS-0501.04-5 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PPSI Due | 43. Appropriation Number | | |
| GS-5 1 | \$ 3670 | SP | Mo Da Yr | Mo Da Yr | 8-6303-20 | | |

SOURCE OF REQUEST

| | |
|--|--|
| A. Requested By (Name And Title) | C. Request Approved By (Signature And Title) |
| Chief, Fiscal Division | <i>James B. Wilcott</i> Comptroller |
| B. For Additional Information Call (Name & Telephone Ext.) | |
| x 4445 | |

CLEARANCES

| | | | | | |
|-------------------|-----------|---------|----------------|-----------|------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | | 9/16/57 | E. | | |
| C. Classification | | | F. Approved By | | |
| Remarks | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|---|-------------------|---|-------|-----------------------|----------|-----------------------------|-------------|---|-----------|--|-----------|-------------------|--|---|--|-----|------|-------|--------------------------|-------|--|--|--|------------------------------|--|-----------|-------------|--|-----------|--|--|--|--|-----------|--|--|--|--|
| <small>STANDARD FORM 52 PROVISED BY THE U. S. CIVIL SERVICE COMMISSION JULY 1951 - PERSONNEL REvised, DECEMBER 1953</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EC-9 Nov. 1956 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i> | | 2. DATE OF BIRTH <i>125103 27 Sept. 1931</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment</i> | | 4. REQUEST NO. <i>C-5481 RC-135</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. POSITION (Specify whether establish, change grade or title, etc.) <i>13</i> | | 6. DATE OF REQUEST <i>28 June 1956</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. C. S. OR OTHER LEGAL AUTHORITY <i>SDUSCA</i> | | 8. EFFECTIVE DATE A. PROMISED: <i>ASAP</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. APPROVED: <i>4 March 1957</i> | | 10. POSITION TITLE AND NUMBER <i>Fiscal Acct Clk M 30.01-4</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. SERVICE, GRADE, AND SALARY <i>GS-0501.04-4 \$3415 pa</i> | | 12. ORGANIZATIONAL DESIGNATIONS <i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. VETERAN PREFERENCE <table border="1"> <tr> <td rowspan="2">NONE</td> <td rowspan="2">WWII</td> <td rowspan="2">OTHER 3-PT.</td> <td rowspan="2">10 POINT</td> <td colspan="2"></td> </tr> <tr> <td>DISAB.</td> <td>OTHER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"> 14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAL</td> </tr> <tr> <td colspan="4" style="text-align: center;">SD/6F</td> </tr> </table> </td> </tr> </table> | | | | NONE | WWII | OTHER 3-PT. | 10 POINT | | | DISAB. | OTHER | | | | | 14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAL</td> </tr> <tr> <td colspan="4" style="text-align: center;">SD/6F</td> </tr> </table> | | NEW | VICE | I. A. | REAL | SD/6F | | | | | | | | | | | | | | | | | | |
| NONE | WWII | OTHER 3-PT. | 10 POINT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | DISAB. | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAL</td> </tr> <tr> <td colspan="4" style="text-align: center;">SD/6F</td> </tr> </table> | | NEW | VICE | I. A. | REAL | SD/6F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEW | VICE | I. A. | REAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SD/6F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. SEX <i>M</i> | | 16. RACE <i>W</i> | | 17. APPROPRIATION <i>FROM: 7-6303-20</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <i>yes</i> | | 19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i> | | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> ROVED <i>STATE:</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. STANDARD FORM 50 REMARKS <p style="text-align: center;">OFFICE/DIVISION WITHIN CEILING <i>27 NOV 1956</i> <i>BAB</i> Date <i>Position Con. Clk.</i></p> <p style="text-align: right;"> <i>① sub. to med.</i> <i>② sub. to trial period</i> <i>RC-135</i> </p> <p style="text-align: right;"><i>DOG: 03/04/57</i></p> <table border="1"> <tr> <td colspan="2"> 22. CLEARANCES </td> <td> INITIAL OR SIGNATURE </td> <td> DATE </td> <td> REMARKS: <i>CSEOD: 03/04/57</i> <i>LCD: 03/04/57</i> <i>SCD: 06/26/53</i> <i>PST Due: 03/09/58</i> </td> </tr> <tr> <td colspan="2"> A. </td> <td> <i>77</i> </td> <td> <i>9 JUL 1956</i> </td> <td></td> </tr> <tr> <td colspan="2"> B. CEIL. OR POS. CONTROL </td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"> C. CLASSIFICATION </td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"> D. PLACEMENT OR EMPL. </td> <td> <i>87</i> </td> <td> <i>7/11</i> </td> <td></td> </tr> <tr> <td colspan="2"> E. </td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"> F. </td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | 22. CLEARANCES | | INITIAL OR SIGNATURE | DATE | REMARKS: <i>CSEOD: 03/04/57</i> <i>LCD: 03/04/57</i> <i>SCD: 06/26/53</i> <i>PST Due: 03/09/58</i> | A. | | <i>77</i> | <i>9 JUL 1956</i> | | B. CEIL. OR POS. CONTROL | | | | | C. CLASSIFICATION | | | | | D. PLACEMENT OR EMPL. | | <i>87</i> | <i>7/11</i> | | E. | | | | | F. | | | | |
| 22. CLEARANCES | | INITIAL OR SIGNATURE | DATE | REMARKS: <i>CSEOD: 03/04/57</i> <i>LCD: 03/04/57</i> <i>SCD: 06/26/53</i> <i>PST Due: 03/09/58</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | | <i>77</i> | <i>9 JUL 1956</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. CEIL. OR POS. CONTROL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. PLACEMENT OR EMPL. | | <i>87</i> | <i>7/11</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONFIDENTIAL
(When Filled In)

| | | | |
|--|---|---------------------------------------|--------------------------------|
| REPORT OF INTERVIEW | | 1. DATE OF INTERVIEW 10 April 1956 | 2. PLACE Syracuse, New York |
| 3. PREVIOUS APPLICATION <input type="checkbox"/> VET <input checked="" type="checkbox"/> BO | 4. INTERVIEWED Neil F. Doherty | 5. REFERRED BY | |
| 6. TYPE OR PRINT IN CAPS WILCOTT, JAMES | | FIRST NAME JAMES | MIDDLE NAME B. |
| 7. PERMANENT ADDRESS 400 James Street, Syracuse, New York | | TELEPHONE none | |
| 8. BUSINESS ADDRESS | | TELEPHONE | |
| 9. TEMPORARY ADDRESS | | TELEPHONE | |
| 10. DATE OF BIRTH 27 Sept. 1931 | 12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country) | | |
| 11. PLACE OF BIRTH Cleveland, Ohio | U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION | 13. IF NATURALIZED INDICATE DATE | |
| 13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED | 14. NO. OF DEPEND. (Excluding wife) 0 | | |
| 15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) X A | | | |
| 16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue) | | | |
| 17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator - \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman. | | | |
| 18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it. | | | |

CONFIDENTIAL
(When Filled In)

| | | | | | | | |
|---|--|--|--|--|---------------------------|---|-------------|
| 19. AREA KNOWLEDGE (Area, type of knowledge, how acquired, etc.) | | | | | | | |
| Okinawa July '49 - March '51 | | | | | | | |
| 20. LANGUAGE FACILITY (Give tests when skill warrants and rate below) | | | | | | | |
| LANGUAGE | NATIVE FLUENCY | FLUENT IN - GUT - FOREIGN | ADEQUATE FOR TRANSLATOR | ADEQUATE FOR RESEARCH | ADEQUATE FOR TRAVEL | LIMITED | ACQUIRED BY |
| N A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 21. SALARY REQUESTED | 4200 | 22. POOL INTEREST | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | PREFERENCE LIMITATIONS | | |
| 23. ACCEPTABLE STATION | WASHINGTON, D.C. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Anywhere in U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | Prefers O/S and the sooner the better-anywhere. | |
| 24. HEALTH | Good | | | | | | |
| 25. FORMS GIVEN | <input checked="" type="checkbox"/> PHS | <input checked="" type="checkbox"/> APP. I | <input checked="" type="checkbox"/> MED. | <input type="checkbox"/> SEC. AGREED. | | <input checked="" type="checkbox"/> T/A (If required) | |
| 26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors) | | | | | | | |
| <p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on Accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p> | | | | | | | |
| 27. RECOMMENDED FOR | | | | 28. SERIAL NUMBERS | | | |
| GS 4 Admin/ Accounting | | | | | | | |
| 29. TESTS LA/5 61-61 | | | | 30. Neil F. Doherty May 13, 1956 SIGNATURE OF INTERVIEWER DATE | | | |

CONFIDENTIAL

SECRET

BIOGRAPHIC PROFILE (PART 1) SCD: 26 Jun 1953

| 1. PERSONAL DATA | | BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953 | | | | | | | |
|---|------------------------------------|--|----|--------------------------------------|---|--|--|----------|-------|
| 2. NAME (Last-First-Middle) | | 3. SEE | | | 4. DATE OF BIRTH | | 5. LONGEVITY COMP. DATE | | |
| WILSON, James Bernard, Jr. | | M | | | Sep 1931 | | 4 Mar 1957 | | |
| 6. MARITAL STATUS Married | | 7. DEPENDENTS (Exclud. on picks) | | | 8. DATE OF BIRTH 2 1931 1959 | | 9. US NATURALIZATION DATE(S) | | |
| 10. CAREER STAFF STATUS | | 11. MEMBERSHIP | | | 12. OTHER STATUS None | | 13. PCS FOR NA | | |
| 14. CURRENT RESERVE STATUS | | 15. HOME SERVICE | | | 16. ACTIVE DUTY BIRTH CNA CAT-1 Mar 1960 | | 17. RELEASE TO MIL. SER. CAT-2 TO BE DEFERRED CAT-3 O/S PCS | | |
| 18. ASSESSMENT DATE None | | 19. PROFESSIONAL TEST DATE None | | | 20. LANGUAGE APTITUDE TEST DATE Jan 1960 | | | | |
| 21. NON-CIA EMPLOYMENT 1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator 1952 Esso Tower Station, Utica, NY - Attendant 1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator Various Summer & Part-time positions while attending college | | | | | | | | | |
| 22. NON-CIA EDUCATION 1953-54 Utica College, Utica, NY - Physics 1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin & Acctg 1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment | | | | | | | | | |
| 23. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) | | German - R,P,S,U, Slight(Nov 1959); W, Elemt; T, None - Mar 1958 | | | | | | | |
| 24. AGENCY SPONSORED TRAINING 1957 Clerical Induct 1960 Intro to Communism 1957 Clerical Orient 1960 Intel Orient 1960 Ops Spt | | | | | | | | | |
| 25. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principals, Details) | | | | | | | | | |
| EFFECTIVE DATE | POSITION TITLE & OCCUPATIONAL CODE | GRADE | SC | ORGANIZATION & ORGAN. TITLE (if any) | | | | LOCATION | |
| Mar 1957 | Fisc Acct Clerk | 0501.01 | 4 | SF | Compt/Fiscal Div/Accts Br | | | | Hq |
| Sep 1957 | " " | 0501.04 | 5 | SF | " " " " | | | | " |
| Feb 1958 | Finance Asst | 0510.14 | 5 | SF | Compt/Fin Div/Comp&Tax Accts Br | | | | " |
| Mar 1958 | Time,Lv,Pay Clerk | 0544.01 | 5 | SF | " " " " " | | | | " |
| Mar 1959 | Finance Asst | 0510.14 | 5 | SF | " " " " " | | | | " |
| Oct 1959 | Fisc Acct Clerk | 0501.01 | 5 | SF | Compt/Finance Div/Accts Br | | | | " |
| May 1960 | Fisc Acct Asst | 0501.03 | 5 | SF | DEP/FE/Jao-TokyoSta/Spt Stf | | | | Tokyo |
| Nov 1961 | " " " | 0501.03 | 6 | SF | " " " " " | | | | " |
| Sep 1963 | " " " | 0501.03 | 7 | SF | " " " " " | | | | " |
| Oct 1964 | Finance Asst | 0510.16 | 7 | SF | DEP/Finance/CF Div/Comp&TaxAccts | | | | Hq |
| 26. DATE REVIEWED 27. PROFILE REVIEWED BY 23 Nov 1964 ard | | | | | | | | | |
| 28. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE | | | | | | | | | |
| No | | | | | | | | | |

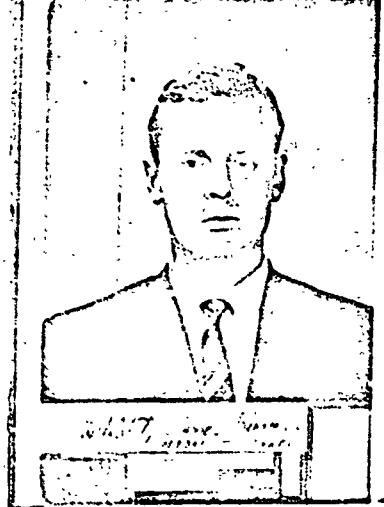
1200 (PART 1) USE PREVIOUS EDITIONS.

SECRET j1k

PROFILE

SECRET

(When Filled In)

| PERS. SERIAL NO. | | BIOGRAPHIC PROFILE (PART 2) | |
|---|--------------------------------|--|--|
| 25798 | | NAME (Last-First-Middle): WILCOX, James Bernard, Jr. | |
| | | DATE OF BIRTH Sep 1931 | |
|  | | | |
| 24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE | | | |
| 25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL | | | |
| 26. ADDITIONAL INFORMATION | | | |
| 27. DATE REVIEWED 23 Nov 1964 | 28. PROFILE REVIEWED BY mrd | 29. FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) SECRET j1k 1 FEB 57 WHICH IS OBSOLETE. | |

PROFILE

103

SECRET

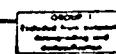
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE-SERIAL NUMBER 025798 |
|--|--|---|-----------------------------|-------------------|----------------------------------|
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) Wilcott, James B. Jr | | 2. DATE OF BIRTH 27 Sep 31 | 3. SEX M | 4. GRADE GS-07 | 5. SD SP |
| 6. OFFICIAL POSITION TITLE Fiscal Acct Asst | | 7. OFF./DIV./BN OF ASSIGNMENT DDP/FE/JKO | 8. CURRENT STATION Tokyo | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | 10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN G.P. 31 Aug 64 | | 12. REPORTING PERIOD (From to) 1 July 1963 - 30 June 1964 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 6 Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | | | | | RATING LETTER P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>15 JUL 1964</p> | | | | | RATING LETTER P |

CONFIDENTIAL
SECRET
(When Filled In)

FJTT 10,374, 31 May 63

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER |
|--|--|--|--------|-----------------------------|
| | | | | 025798 |
| SECTION A | | | | |
| GENERAL | | | | |
| 1. NAME: (Last) (First) (Middle) | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| WILCOTT, JAMES B. JR. | | 27 Sept 31 | M | GS-6 SF |
| 5. OFFICIAL POSITION/TITLE FISCAL ACCT ASST | | 7. OFF/ DIV/ DR OF ASSIGNMENT DDP/FE/JKO | | 8. CURRENT STATION Tokyo |
| 9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | 10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From - To) 1 Jul 62 - 30 Jun 63 | | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | |
| SPECIFIC DUTIES | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | |
| SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. | | | | RATING LETTER P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | |
| 20 JUN 1963 | | | | RATING LETTER P |



SECRET

(Blank Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify on extra ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 38 PH '63

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 21 May 1963 | /S/ James B. Wilcott | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 33 | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1963 | Finance Officer | /S/ Clarence Norment III |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

| | | |
|-------------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1963 | Adm Officer | /S/ Douglas S. Trabue |

SECRET

CONFIDENTIAL

SECRET

| 1. FILE. SERIAL NO. | | BIOGRAPHIC PROFILE (PART 1) CDD: 26 Jun 1953 | | | | | |
|---|------------------------------------|--|----|---|------------------------------------|---------------------------------|----------|
| 25208 | | 3. NAME (Last-First-Middle) | | 4. DATE OF BIRTH | | 5. CONVEYANCE DATE | |
| WILCOX, James Bernard, Jr. | | M Sep 1931 | | J. Mar 1957 | | | |
| 6. MARITAL STATUS | | 7. DEPENDENTS | | 8. YEAR(S) OF BIRTH | | 9. US NATURALIZATION DATE | |
| Married | | (Exclud. chil.) | | 2 1931, 1958 | | NA | |
| 10. CAREER STATUS | | 11. MEMBERSHIP | | 12. OTHER STATUS | | 13. LAST MED. RETIREMENT FOR | |
| D | | | | | | NA | |
| 14. CURRENT RESERVE STATUS | | 15. HOME SERVICE | | 16. GRADE | | 17. ACTIVE CIA CAT. 1 | |
| D | | | | | | BIRTH CIA CAT. 1 | |
| 18. ASSESSMENT DATE | | 19. PROFESSIONAL TEST DATE | | 20. LANGUAGE APTITUDE TEST DATE | | 21. RELEASE TO MIL. SER. CAT. 2 | |
| None | | None | | Jan 1960 | | TO OF RETIREMENT | |
| 22. NON-CIA EMPLOYMENT | | 23. NON-CIA EDUCATION | | | | | |
| 1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator 1952 Esso Tower Station, Utica, NY - Attendant 1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator Various Summer & Part-time positions while attending college | | 1953-54 Utica College, Utica, NY - Physics 1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin/Accts 1957-59 USDA Graduate School, DC - Federal Govt Accts; Mathematics of Accts&Invstnmt | | | | | |
| 24. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) | | 25. AGENCY SPONSORED TRAINING | | | | | |
| German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958 | | 1957 Clerical Induct 1960 Intro to Communism 1957 Clerical Orient 1960 Intel Orient 1960 Cps Spt | | | | | |
| 26. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1957 (Personnel Actions, Military Orders, and Personnel Details) | | | | | | | |
| EFFECTIVE DATE | POSITION TITLE & OCCUPATIONAL CODE | GRADE | SD | ORGANIZATION & ORGAN. TITLE (If any) | | | LOCATION |
| Mar 1957 | Fisc Acct Clerk | 0501.04 | 4 | SF | Compt/Fiscal Div/Accts Br | | Hq |
| Sep 1957 | " " | 0501.04 | 5 | SF | " " " " | | " |
| Feb 1958 | Finance Asst | 0510.1h | 5 | SF | Compt/Fin Div/Compt/Tax Accts Br | " | " |
| Mar 1958 | Time,Lv,Pay Clerk | 0514.01 | 5 | SF | " " " " " | " | " |
| Mar 1959 | Finance Asst | 0510.1u | 5 | SF | " " " " " | " | " |
| Oct 1959 | Fisc Acct Clerk | 0501.04 | 5 | SF | Compt/Finance Div/Accts Br | " | " |
| May 1960 | Fisc Acct Asst | 0501.03 | 5 | SF | DDP/FE/Jac-Tokyo Sta/Spt Stf | Tokyo | " |
| Nov 1961 | " " " | 0501.03 | 6 | SF | " " " " " | " | " |
| Sep 1963 | " " " | 0501.03 | 7 | SF | " " " " " | " | " |
| Oct 1964 | Finance Asst | 0510.16 | 7 | SF | DDP/Finance/OF Div/Compt/Tax Accts | Hq | |
| 27. DATE REVIEWED | | 28. PROFILE REVIEWED BY | | 29. ITEMS 1-10 REVIEWED VERIFIED BY EMPLOYEE | | | |
| 23 Jun 1964 | | HSD | | No | | | |

SECRET

(Data Filled In)

| | | |
|--|--------------------------------|--|
| PERS. SERIAL NO. 25798 | BIOGRAPHIC PROFILE (PART 2) | |
| NAME (Last-First-Middle) WILCOX, James Bernard, Jr. | DATE OF BIRTH Sep 1931 | |
| | | |
| 24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE | | |
| 25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL | | |
| 26. ADDITIONAL INFORMATION | | |
| 27. DATE REVIEWED 23 Nov 1961 | 28. PROFILE REVIEWED BY JWD | |

FORM NO. 1200 (PART 2) 1 FED 57
REPLACES FORM 1080 (PART 2) WHICH IS OBSOLETE.

SECRET J1K

PROFILE

(1)

SECRET

(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER |
|---|---|---|--------------------------|--------------------|---------------------------|
| SECTION A | | | GENERAL | | |
| 1. NAME Wilcott, James B., Jr. | 2. DATE OF BIRTH 27 Sep 31 | 3. SEX M | 4. GRADE GS-07 | 5. SD SF | |
| 6. OFFICIAL POSITION TITLE Fiscal Acct Asst | 7. OFF/DIV/BN OF ASSIGNMENT DDP/WH/C | 8. CURRENT STATION JMWAVE | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify): Resignation | 10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): Resignation | 11. DATE REPORT DUE IN O.P. 26 Apr 65 - 15 Apr 66 | | | |
| 12. REPORTING PERIOD (From - To) | | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 Lists, computes and verifies commercial payrolls involving approximately persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel | | | | | RATING LETTER W |
| SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>A</p> | | | | | |

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give ONE OP personnel rating. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Jul 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JUNAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 12 months | Subject departed the Station without seeing this Report. | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 Jun 1966 | Chief, Finance Branch | /s/ H. Robert Graham |
| 3. BY REVIEWING OFFICIAL | | |

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

| | | |
|-------------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 6 July 1966 | Deputy Chief for Support | /s/ William A. Jewett |

SECRET

SECRET

(Form Filled In)

P
6-18-64

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER |
|---|--|----------------------------------|-------------------------|------------------------|
| | | | | 025703 |
| SECTION A | | | | |
| GENERAL | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| WILCOX, James B, Jr. | | 27 Sep 1931 | M | GS-07 SF |
| 5. OFFICIAL POSITION TITLE | | 6. OFF/DIV/BR OF ASSIGNMENT | 7. CURRENT STATION | |
| Finance Assistant | | FIN/CPD/C/P/AD | Wash., D. C. | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | 10. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | INITIAL | REASSIGNMENT SUPERVISOR | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) | | ANNUAL | REASSIGNMENT EMPLOYEE | |
| 9. SPECIAL (Specify): | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From - to) | | |
| ASAP | | 11 Oct. 1964 - 25 April 1965 | | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | |
| SPECIFIC DUTIES | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | |
| SPECIFIC DUTY NO. 1 | | | | RATING LETTER |
| Analyzing Payroll Accounts | | | | P |
| SPECIFIC DUTY NO. 2 | | | | RATING LETTER |
| Reconciling Tax and Retirement Accounts | | | | P |
| SPECIFIC DUTY NO. 3 | | | | RATING LETTER |
| Computing Staff and Career Agents' Pay and Allowances | | | | P |
| SPECIFIC DUTY NO. 4 | | | | RATING LETTER |
| Conducting Liaison with our Division regarding Payroll matters. | | | | P |
| SPECIFIC DUTY NO. 5 | | | | RATING LETTER |
| Preparing Correspondence | | | | A |
| SPECIFIC DUTY NO. 6 | | | | RATING LETTER |
| Maintaining Leave records and Agents' Pay Files | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and points of limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | RATING LETTER |
| A - May 1965 | | | | P |

SECRET

REF ID: A6424

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind pertinence to their relationship to overall performance. Suggestions made for improvement of work performance. Give recommendations for training. Comments on foreign language competence, if required for current position. Any list or explanations given in Section C to provide basis for determining future personnel action. Graphic of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

6

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Chief, Staff Agents Accts. Sec.

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Chief, Compensation and Tax Div.

SECRET

SECRET

Form 45, G-3, G-4, G-5, G-6

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 025793 |
|---|--------|---|----------|-------------------------------|----------------------------------|
| SECTION A | | GENERAL | | | |
| 1. NAME Hilcott, James B. Jr. | (Last) | (First) | (Middle) | 2. DATE OF BIRTH 27 Sep 31 | 3. SEX M |
| 4. GRADE GS-07 | | 5. SO SF | | | |
| 6. OFFICIAL POSITION TITLE Fiscal Acct Asst | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/FC/JTO | | 8. CURRENT STATION Tokyo | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | 10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. 27 July 64 | | 12. REPORTING PERIOD (From To) 1 July 1963 - 30 June 1964 | | | |
| SECTION B | | PERFORMANCE EVALUATION | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 6 Advises IDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | | RATING LETTER P | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> | | | | | |
| 15 JUL 1964 | | | | | |
| RATING LETTER P | | | | | |

SECTION C

NARRATIVE COMMENTS

SECRET

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory functions is not applicable.

Subject has performed his duties in a competent manner. Especially huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

9 Jun 64

/s/ James Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

23

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

9 Jun 64

Finance Officer

/s/ Frank Wells

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TBY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|----------|--------------------------------------|-------------------------------------|
| 7 Jun 64 | Finance Officer | /s/ Jack Findall |

SECRET

FJTT 10,374, 31 May 63

SECRET
(CLASSIFIED BY)

| FITNESS REPORT | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|--------------------------------|-----------------------------|
| SECTION A | | | GENERAL | |
| 1. NAME WILCOX, JAMES B. JR. | | 2. (Last) (First) (Middle) | 3. DATE OF BIRTH 27 Sept 31 | 4. SEX M |
| 5. OFFICIAL POSITION TITLE FISCAL ACCT ASST | | 6. GRADE GS-6 | 7. GRADE SF | 8. CURRENT STATION Tokyo |
| 9. CHECK (X) TYPE OF APPOINTMENT CAREER <input checked="" type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | 10. CHECK (X) TYPE OF REPORT INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): | | |
| CAREER: PROVISIONAL (See Instructions - Section C) | | REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From - To) 1 Jul 62 - 30 Jun 63 | | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation; to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | |
| SPECIFIC DUTIES | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | |
| SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. | | | | RATING LETTER P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>20 JUN 1962</p> | | | | |
| FORM 45 OBSOLETE PREVIOUS EDITIONS. | | | | RATING LETTER P |

SECRET

SECRET

NARRATIVE COMMENTS

SECTION C

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 30 PM 3/63

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

| | |
|-------------|-----------------------|
| DATE | SIGNATURE OF EMPLOYEE |
| 21 May 1963 | /S/ James B. Wilcott |

2. BY SUPERVISOR

| | |
|--|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| 33 | |

| | | |
|-------------|------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1963 | Finance Officer | /S/ Clarence Noment III |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

| | | |
|-------------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1963 | Adm Officer | /S/ Douglas S. Trabue |

SECRET

SECRET
(When Filled In)P-100
of Current Service Record

EMPLOYEE SERIAL NUMBER

075778

FITNESS REPORT

SECTION A

GENERAL

| | | | | |
|---|--------------------------------|-----------|--------------------|-------------------------|
| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
| WILCOTP, James B. | 27 Sept 31 | M | GS-6 | SF |
| 6. OFFICIAL POSITION/TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | | | |
| Fiscal Acct Asst. | 8. CURRENT STATION | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | 10. CHECK (X) TYPE OF REPORT | | | |
| CAREER | RESERVE | TEMPORARY | INITIAL | REASSIGNMENT SUPERVISOR |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | X ANNUAL | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify): | | | SPECIAL (Specify): | |
| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From To) | | | |
| | 1 Apr 61 - 30 June 62 | | | |

SECTION B

PERFORMANCE EVALUATION

W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong Performance is characterized by exceptional proficiency.

O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| SPECIFIC DUTY NO. 1 | RATING LETTER |
|--|---------------|
| Station cashier responsible for the day to day receipt and disbursement of cash. | P |
| SPECIFIC DUTY NO. 2 | RATING LETTER |
| Consolidates all station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3 | RATING LETTER |
| Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | S |
| SPECIFIC DUTY NO. 4 | RATING LETTER |
| Polices individual housing and vehicle advance accounts and audits related accountings. | S |
| SPECIFIC DUTY NO. 5 | RATING LETTER |
| Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6 | RATING LETTER |
| Performs other related duties as assigned by the Finance Officer. | P |

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

SECRET
14-4600-11-1

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 19 July 1962 | James B. Wilcott /s/ | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 25 | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 July 1962 | Finance Officer | |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 July 1962 | Finance Officer | Clarence F. Norment |

SECRET

SECRET
(When Filled In)

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| | | | | | |
|---|---------------------|----------------------------|---|--|--------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 52-5748 | |
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| WILCOX, James B. | | 27 Sept 1931 | | M | GS-5 |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | |
| SF | | Fiscal Acct. Asst. | | Tokyo Station | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | |
| NOT ELIGIBLE | MEMBER | DEFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | |
| PENDING | DECLINED | DENIED | ANNUAL | REASSIGNMENT/EMPLOYER | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | SPECIAL (Specify) | |
| 11 Mar 60 | | 27 Mar 60 to 31 Mar 61 | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior |
| 7 - Outstanding | | | | | |
| SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash. | | RATING NO. 4 | SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | RATING NO. 4 |
| SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily. | | RATING NO. 4 | SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. | | RATING NO. 4 |
| SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate records. | | RATING NO. 5 | SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. | | RATING NO. 4 |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.</p> | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. 4 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| <p>In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.</p> | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPL-CABLE | NOT OR-SERVED | RATING |
| GETS THINGS DONE | | | | | X |
| RESOURCEFUL | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | X | | | | X |
| WRITES EFFECTIVELY | X | | | | X |
| SECURITY CONSCIOUS | | | | | X |
| THINKS CLEARLY | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | X |
| OTHER (Specify): | | | | | |
| SECTION IV OF FORM 6-38 | | | | | |

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and his assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naivete are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I certify that I have seen Sections A, B, C, D and E of this Report. | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 3 May 1961 | James D. Willett (Signed) | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 8 | | |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | | |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | | REPORT MADE WITHIN LAST 90 DAYS |
| OTHER (Specify): | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 3 May 1961 | | |
| 3. BY REVIEWING OFFICIAL | | |
| <input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 3 May 1961 | | Clarence Mornent |

SECRET

SECRET
(Not Filled In)

REF ID: A612061

SF 100-1000-1000-1000

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|---------------------|-----------------------------|---------------------------------|-----------------------------|---------------|
| SECTION A | | | | GENERAL | |
| 1. NAME (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| Friedrich B. Jr. | | 27 September 1931 | | M | S-2 |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | |
| SF | | Fiscal Accountant Clerk | | Compt/Finance/Accounts | |
| 8. CAREER STAFF STATUS | | 9. TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> NOT ELIGIBLE | MEMBER | DEFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | |
| PENDING | DECLINED | DENIED | ANNUAL | REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | SPECIAL (Specify) | |
| 30 April 1960 | | From 1 APR 60 - 31 MARCH 60 | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior |
| SPECIFIC DUTY NO. 1 Responsible for number- ing, removing, attachments, batching and totaling confidential funds posting vouchers to be processed by Machine | | RATING NO. | SPECIFIC DUTY NO. 1 (continued) | | RATING NO. |
| Records Division | | | | | 4 |
| SPECIFIC DUTY NO. 2 Responsible for verify- ing the daily expenditure listing totals with the expended general ledger accounts. | | RATING NO. | SPECIFIC DUTY NO. 3 | | RATING NO. |
| SPECIFIC DUTY NO. 3 Responsible for match- ing the attachments to the vouchers and filing when vouchers are returned from Machine Records Division. | | RATING NO. | SPECIFIC DUTY NO. 4 | | RATING NO. |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. |
| | | | | | 4 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPLI- CABLE | NOT OBS- ERVED | RATING |
| GETS THINGS DONE | | | | | 1 2 3 4 5 |
| RESOURCEFUL | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X |
| WRITES EFFECTIVELY | | X | | | |
| SECURITY CONSCIOUS | | | | | X |
| THINKS CLEARLY | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | X |
| OTHER (Specify): | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | |

SECRET
Other Information

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Camproller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of comparable age, experience and responsibility. An employee's rating reflects an entirely satisfactory job performance.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

18 April 1960

SIGNATURE OF EMPLOYEE

John E. Mclennan Jr.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

12 Months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

18 April 1960

C/Voucher Payroll Unit

John E. Mclennan Jr.

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

URE

John E. Mclennan Jr.

DE/Accounts Branch

John E. Mclennan Jr.

SECRET

REVIEWED BY: *RCW*
 SECRET *1/14*
 (When Filled In) *1/14* *1/14*

| FITNESS REPORT | | | EMPLOYEE SERIAL NUMBER | | |
|--|------------------------------|-------------------|---|-------------------------|--------|
| SECTION A | | | GENERAL | | |
| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE | |
| Wilcott, Jr. James B. | 27 Sept. 1931 | | M | GS-5 | |
| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION/TITLE | | 7. OFFICE/DIVISION OF ASSIGNMENT | | |
| SP | Time Leave Pay Clerk | | Compt/Finance Division | | |
| 8. CAREER STAFF STATUS | 9. TYPE OF REPORT | | | | |
| <input checked="" type="checkbox"/> NOT ELIGIBLE | MEMBER | REFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | |
| PENDING | DECLINED | DENIED | <input checked="" type="checkbox"/> ANNUAL | REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD | | SPECIAL (Specify) | | |
| 30 April 1959 | From 1 Apr 58 - 31 Mar 59 To | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | |
| SPECIFIC DUTY NO. 1 | | RATING NO. | SPECIFIC DUTY NO. 4 | | |
| Fundamental of Payroll | | 3 | Completion of liaison with Compt Division on payroll problems | | |
| SPECIFIC DUTY NO. 2 | | RATING NO. | SPECIFIC DUTY NO. 5 | | |
| Preparation of all payroll documents considering base and premium pay and allowances | | 3 | Application of Agency pay regulations | | |
| SPECIFIC DUTY NO. 3 | | RATING NO. | SPECIFIC DUTY NO. 6 | | |
| Maintaining of leave records | | 3 | Processing of checks | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | RATING NO. 3 | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPL-CABLE | NOT OBSERVED | RATING |
| GETS THINGS DONE | | | | | |
| RESOURCEFUL | | | | | |
| ACCEPTS RESPONSIBILITIES | | | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | |
| WRITES EFFECTIVELY | | | | | |
| SECURITY CONSCIOUS | | | | | |
| THINKS CLEARLY | | | | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | |
| OTHER (Specify): | | | | | |
| SEE SECTION "E" ON REVERSE SIDE. | | | | | |

S-100-1
(A form Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Wilcott is a genial and cooperative person. He is both liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

March 10, 1959

SIGNATURE OF EMPLOYEE

James J. Wilcott, Jr. /

2. BY SUPERVISOR

| | |
|--|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|--|---|

6

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

| | |
|---|---------------------------------|
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS |
|---|---------------------------------|

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

March 10, 1959

Time, Leave, Pay Supervisor

/

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

March 10, 1959

A/C, Staff Employees Accts. Sect.

/

SECRET

When Filled In

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THIS SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section 'A' below.

SECTION A.

GENERAL

| | | | | |
|--|--|--|-------------------|------------------------------------|
| 1. NAME S. S. N. Military Name: | (Last) <input type="text"/> (First) <input type="text"/> (Middle) <input type="text"/> | 2. DATE OF BIRTH B. D. B. | 3. SEX M. F. | 4. SERVICE DESIGNATION S. D. D. |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT C. O. D. B. | | 6. OFFICIAL POSITION/TITLE O. P. T. | | |
| 7. GRADE G. R. | 8. DATE REPORT DUE IN CP D. R. D. I. C. | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) P. C. R. (I. D. D. - E. D. D.) | | |
| 10. TYPE OF REPORT (Check one) | INITIAL ANNUAL | REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE | SPECIAL (Specify) | |

SECTION B.

CERTIFICATION

11. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|--|--|
| 12. THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | 13. IF INDIVIDUAL IS RATED "P" IN C. OR D. A RARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| 14. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | 15. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) |
| X 16. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

17. THIS DATE C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957 Deputy Chief, Accounting Div.

18. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

| | |
|---|------|
| BY | DATE |
| Posted Pos. Cont'd. <input type="text"/> (u. . .) | |
| Reviewed by P. <input type="text"/> 10/10/57 | |

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957 Chief, Accounting Branch

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. INSERT
RATING
NUMBER

1. DOES NOT PERFORM DUTIES ADEQUATELY, HE IS INCOMPETENT.
2. BAILEY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE, CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcox is very inaptious and accepts his assignments without hesitation.

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important, SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

| | | | |
|-----------------------------|--------------------------------|-------------------------|--------------------------------|
| ORAL GRIDDING | HAS AND USES AREA KNOWLEDGE | MAILS | COLLECTS INTERFACINGS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | TRANSLATES, GIVES AWAY |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | IDENTIFYING SOURCES | KEEP'S BOOKS |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DRIVES TRUCK | Maintains AIR CONDITIONING |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| TYPING | COORDINATES WITH OTHER OFFICES | WRITES REGULATIONS | |
| TAKING DICTATION | | | |
| SUPERVISING | | | |

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| | |
|---|--|
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| 3 - PERFORMS THIS DUTY ACCEPTABLY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

| | | | |
|--|---------------|--|---------------|
| SPECIFIC DUTY NO. 1 Records obligating instruments, surrenders and adjustments relating to allotment accounting. | RATING NUMBER | SPECIFIC DUTY NO. 4 Records in the closing and reopening of the allotment ledger accounts at close of each fiscal year. | RATING NUMBER |
| SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations. | RATING NUMBER | SPECIFIC DUTY NO. 5 Records liquidation of cancellations of obligations to individual allotment accounts. | RATING NUMBER |
| SPECIFIC DUTY NO. 3 Checks and reconciles running of expenditures with those in the allotment ledger accounting records. | RATING NUMBER | SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various addressees. | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrolment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

| |
|--|
| 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED |
| 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW |
| 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION |
| 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION |
| 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS |
| 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION |
| 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER SECTION IN THE ORGANIZATION? YES NO. IF YES,

EXPLAIN FULLY: He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Department. It is believed that he could readily adapt himself to other duties in the field of accounting.

SECRET

| NOTIFICATION OF ESTABLISHMENT | | DATE |
|-------------------------------|---|------------------------|
| TO: (Check) | CHIEF, <input checked="" type="checkbox"/> | 19 April 1965 |
| | CHIEF, <input checked="" type="checkbox"/> | ESTABLISHED FOR |
| ATTN: | | WILCOTT, James B., Jr. |
| REF: | | FILE NO. |
| | | ID CARD NO. |
| | | Returned |
| | | EMPLOYEE NO. |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:
(OPMEMO 20-800-1a)

a. Temporarily for _____ days, effective _____
 b. Continuing, effective _____ EOD _____

Submit Form 642 to change limitation category.
(HBB 20-7)

Ascertain that _____ being issued.
(HB 20-661-1)

Submit Form 1322 for any change affecting this cover.
(R 240-250)

Submit Form 1323 for transferring cover responsibility.
(R 240-250)

Remarks: Subject is going on PCS out of D.C. area.

Cover History

James T. Franklin

SECRET

| NOTIFICATION OF ESTABLISHMENT OF | | | DATE |
|-------------------------------------|--|--|---|
| TO: (CEN) | <input checked="" type="checkbox"/> CHIEF, <input checked="" type="checkbox"/> CHIEF, | | 10 September 64 ESTABLISHED FOR |
| ATTN: | | | OFF FIN WILCOTT, James B. Jr. |
| REF: | 8 September 64 Requesting cover | | FILE NO. _____ ID CARD NO. _____ EMPLOYEE NO. _____ |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:
(ORMO 23-800-11)

a. Temporarily for _____ days, effective _____.

b. Continuing, effective May 60.

Submit Form 642 to change limitation category.
(HNB 20-7)

Ascertain that being issued. *RECORDED IN THE INDEX*

Submit Form 1322 for any change affecting this cover.
(E 240-250) *7/10/64 JBF*

Submit Form 1323 for transferring cover responsibility.
(E 240-250)

Remarks:

Cover History Mar 57-May 60 Hdqs/overt
May 60-Jul 64 DAC & DAFC/Japan

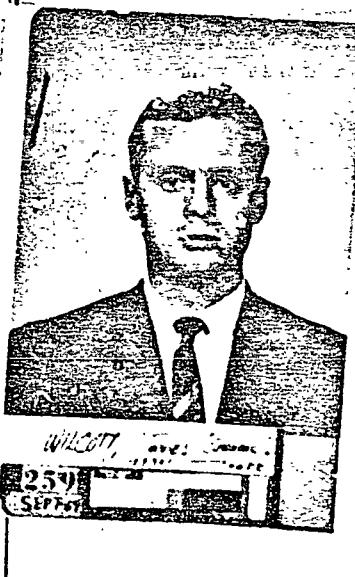
James B. Franklin

SECRET
(When Filled In)

A.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|---|--|---|-------------------------|---------------------------------|
| 1. REF | | 2. NAME (LAST-FIRST-MIDDLE) | | |
| 025793 WILCOTT JAMES B JR | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE 5. CATEGORY OF EMPLOYMENT | | |
| RESIGNATION* | | MO. DA TO (41 15 66) REGU. AR | | |
| 6. FUNDS | | V TO V | V TO CF | 7. COST CENTER NO CHARGEABLE |
| | | CF TO V | X CF TO CF | 8. CSC OR OTHER LEGAL AUTHORITY |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | |
| DUP/WH/US FIELD W/H/C JMWAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH | | JMWAVE | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION | |
| FISCA ACCT ASST | | 1369 | SF | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | | 0561.03 | 67 4 | 6590 |
| 18. REMARKS *STAFF EMPLOYEE SPECIAL | | | | |



| | | | | | | | | |
|--|------------------------------------|---------------------------------------|-------------------------|------------------|-----------------------|---------|--|--|
| LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 2. STATION CODE | 3. INTEGEE CODE | 4. Month | 5. DATE OF BIRTH | 6. DATE OF GRADE | 7. DATE OF LEI | | | |
| | | MO | DA | MO DA | MO DA | | | |
| 19 27 31 | | | | | | | | |
| 1. DATA CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE | MO DA | MO DA | 33. SECURITY REQ. NO. | 34. SEX | | |
| | | | | | EOD DATA | | | |
| 1. COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | | | |
| DA TO | CAN RESV. CODE | CODE | 6 - WAIVED | 7 - FEE | HEALTH INS. CODE | | | |
| PROV. TEMP. | | | | | | | | |
| 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM EXECUTED | 44. STATE TAX DATA FORM EXECUTED | | | | | | |
| | CODE 1 - YES 2 - NO | CODE 1 - YES 2 - NO | NO TAX EXEMPTIONS | NO TAX EXEMPT | STATE CODE | | | |

SIGNATURE OR OTHER AUTHENTICATION:

FORM 11-62 1150

Use Previous Edition

SECRET

SECRET
(When Filled In)

SECRET
(When Filled In)

FJH, 21 DEC 65

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | |
|--|------------------|----------------------------------|----|------------------------------------|------------------|---|----------------------------------|------------------------------------|------------------------|---------|---------------|------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | | |
| 025798 | | WILCOTT JAMES B JR | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | | | | | | | | | | | |
| EXCEPTED APPT+ CAREER | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | | | | |
| | | NO DA TR | | 11 21 65 | | REGULAR | | | | | | | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | |
| | | CF TO V | | X CF TO CF | | 6135 1134 0000 | | 50 USC 403 J | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | |
| DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH | | JMWAVE | | | | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | | | |
| FISCAL ACCT ASST | | 1369 | | SF | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, LS) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | |
| GS | | 0501.03 | | 07 4 | | 6830 | | | | | | | | |
| 18. REMARKS *STAFF EMPLOYEE : SPECIAL | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. Month | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | | | |
| 13 | 10 | 51550 | WH | 99999 | | 2 | 09 27 31 | 09 15 63 | 09 13 64 | | | | | |
| 28. WTC EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA | | 33. SECURITY REG NO. | 34. SEX | | | | |
| NO DA TR | | 1. CSC 2. FICA 3. NONE | | CODE | | | TYPE | 02 04 74 | 00000 | M1 | | | | |
| 35. VET. PREFERENCE | | 36. SERV. COMP. DATE | | 37. LONG. COMP. DATE | | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | | |
| CODE 1. NONE 2. 90 PT | | NO DA TR 06 26 53 03 | | NO DA TR 04 15 7 | | CAR 95% PROV TEMP C | CODE 1. YES 2. NO | CODE 1. YES 2. NO | HEALTH INS CODE | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE CAT CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | |
| CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 yrs 4. BREAK IN SERVICE MORE THAN 3 yrs | | 6 | | FORM EXECUTED 1 - YES 2 - NO | | 45. TAX EXEMPTIONS 1 - YES 2 - NO | | FORM EXECUTED 1 - YES 2 - NO | | CODE | NO TAX EXEMPT | STATE CODE | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | |
| POSTED 12-22-65-61 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

FORM 11-62 1150

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(When Filled In)14-00000
(When Filled In)

SECRET
(When Filled In)

PUB. 21 DEC 65

REF

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | |
|--|-----------------|--|---------------------------------|----------------------|--------------------------|----------------------------------|-------------------|---------------------------------|-----------------|---------------|------------|----|----|----|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 3. EFFECTIVE DATE | | | | 4. CATEGORY OF EMPLOYMENT | | | | | | | |
| 025798 | | Wilcox, James B Jr. | | MO | DA | TR | | NO | DA | TR | | | | | |
| | | | | 11 | 24 | 65 | | REGULAR | | | | | | | |
| 5. NATURE OF PERSONNEL ACTION | | 6. FUNDS | | | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | |
| RESIGNATION | | V TO V | V TO C | X | CF TO O | 6130 1104 0000 | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | | |
| DOP WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL FINANCE BRANCH | | SUPPORT JMWAVE | | | | | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | | | 13. SERVICE DESIGNATION | | | | | | | | | |
| FISCAL ACCT ASST | | 1303 | | | | SF | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, HS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | |
| GS | | 0501.03 | | 07 4 | | 6830 | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGRITY CODE | 24. HAZARD CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | | | | |
| 115 | 10 | NUMERIC ALPHABETIC | | | | 02 | DA | TR | MO | DA | TR | MO | DA | TR | |
| 28. WTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG NO | | 34. SEX | | | | | |
| MO DA TR | | | 1 - CSC 2 - FICA 3 - NONE | CODE | TYPE | 02 | DA | TR | EOD DATA | | | | | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | | 37. LONG COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | | | | |
| CODE | | 0 - NONE 1 - 6 PT 2 - 10 PT | MO DA TR | NO DP TR | CAR PROV TEMP | CODE | CODE | 0 - WAIVER 1 - YES | HEALTH INS CODE | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE CAT CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | | |
| CODE | | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | FORM EXECUTED CODE | | NO TAX EXEMPTIONS | | FORM EXECUTED | CODE | NO TAX EXEMPT | STATE CODE | | | | |
| 45. SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | |

FORM 1150
11-62Use Previous
Edition

SECRET

SECRET
(When Filled In)14-00000
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND ADCI POLICY DIRECTIVE DATED 10 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | ORGN, FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|--------------------------------|--------|-------------|------------|------------|------------|
| ██████████ Wilkall, James B | 025798 | 51 550 | CF GS 07 4 | \$ 6,650 | \$ 6,690 |

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09127169

1. SOCIAL SECURITY

029798

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

FUND



V TO V

Wileatt, James B

4. EFFECTIVE DATE

00 DA 70

05 31 65

5. CATEGORY OF EMPLOYMENT

6. COST CENTER NO CHARGEABLE

5135 1164 0000

7. CSC OR OTHER LEGAL AUTHORITY

8. ORGANIZATIONAL DESIGNATIONS

DDP/WM DIVISION

US FLD D CM STA OP SUP

9. LOCATION OF OFFICIAL STATION

JMWAVE

11. POSITION TITLE

FISCAL ACCT ASST

12. POSITION NUMBER

1369

13. CAREER SERVICE DESIGNATION

SF

14. CLASSIFICATION SCHEDULE (CS) OR CSC

05

15. OCCUPATIONAL SERIES

0501.03

16. GRADE AND STEP

97

17. SALARY OR RATE

18. REMARKS

POSTED

6-365 HT

SIGNATURE OR OTHER AUTHENTICATION

J. DECHOLE

Form 1-63 11508
MFG 1-63Use Previous
Edition

SECRET

GROUP I
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

DLG: 27 APR 65

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | |
|--|-----------------------------------|---------------------------------|-----------------------------|-------------------------------|--------------------------|----------------------------------|-----------------------|-------------------------|-----------------|-----------------------|---------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | | | |
| 025798 | | Hibbett, James B | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | | | | | | | | | | |
| CAREER EXCEPTED APPT | | 04 25 65 | | | | | | | | | | | |
| 5. FUNDS ➤ | | V TO V | V TO CF | 6. COST CENTER NO. CHARGEABLE | | 7. CSC OR OTHER LEGAL AUTHORITY | | | | | | | |
| | | CF TO V | X | 5135 1164 0000 | | 50 USC 403 J | | | | | | | |
| 8. ORGANIZATIONAL DESIGNATIONS | | 9. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH | | JMWAVE | | | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | | | 13. SERVICE DESIGNATION | | | | | | | |
| FISCAL ACCT ASST | | 1080 | | | | SF | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | |
| GS | | 0501.03 | | 07 4 | | 6650 | | | | | | | |
| 18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL. | | | | | | | | | | | | | |
| POSTED ON 27 APR 1965 | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTECREE CODE | 24. Mdgrs Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | | |
| 13 | 10 | 49760 | | SAS | 69599 | 2 | 00 127 31 | 09 15 63 | 09 13 64 | | | | |
| 20. NTE EXPIRES | | 21. SPECIAL REFERENCE | 22. RETIREMENT DATA | | 23. SEPARATION DATA CODE | 24. CORRECTION/CANCELLATION DATA | | 25. DATE OF GRADE | 26. DATE OF LEI | 27. SECURITY REG. NO. | 28. SEX | | |
| NO DA 10 | | | NO DA VR | | CODE | TYPE | NO DA VR | NO DA VR | NO DA VR | REG. NO | SEX | | |
| | | | 1. CSC 2. FIA 3. NONE | | 1 | | | | | 00000 | M1 | | |
| 35. VET. PREFERENCE | | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | | 38. CAREER CATEGORY | 39. FEGI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | | |
| CODE | 0 - NONE 1 - 3 PT 2 - 10 PT | NO DA VR | NO DA VR | | CAR RES. CODE | CODE | 0 - WAIVER 1 - YES | HEALTH INS. CODE | | | | | |
| 1 | 06 26 53 03 | 04 57 | | | C | 1 | 1 - YES | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | |
| CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 1 YEAR 3 - BREAK IN SERVICE MORE THAN 1 YEAR | | | | 6 | FORM EXECUTED | NO TAX EXEMPTIONS | FORM EXECUTED | CODE | NO TAX EXEMPT | STATE CODE | | | |
| | | | | | 1 - YES 2 - NO | 0 0 | 1 - YES 2 - NO | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | |
| POSTED 04/28/65 JK | | | | | | | | | | | | | |

SECRET
(When Filled In)

DLB: 27 APR 65

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|------------------|-----------------------------------|-------------------------|---------------------|------------------------------|----------------------------------|------------------------|---------------------------------|-----------------|-------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | | | | | | | | |
| 025798 | | WILCOTT JAMES B JR | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| RESIGNATION | | | | | | MO DA YR 04 24 65 | | REGULAR | | | |
| 6. FUNDS | | X | V TO V | | V TO CF | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | | CF TO V | | CF TO CF | 5277 0003 0000 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION | | | | | | WASH., D. C. | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| FINANCE ASSISTANT | | | | | | 0470 | | SF | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | | 15. OCCUPATIONAL SERIES | | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | 0510.16 | | | 07 4 | | 6650 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. HQRTS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LES | | |
| 45 | 10 | NUMERIC | ALPHABETIC | | | 0000 | MO DA YR 09 27 31 | MO DA YR | MO DA YR | | |
| 28. RTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REQ. NO. | | 34. SEX | | |
| | | | CAC | FICA | CODE | TYPE | MO DA YR | | REQ. NO. | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | |
| CODE | | 0 - NONE 1 - 8 PT 2 - 10 PT | MO DA YR | MO DA YR | 0 - WAIVER 1 - YES | CODE | 0 - WAIVER 1 - YES | CODE | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | |
| CODE | | | | | | FORM EXECUTED | NO TAX EXEMPTIONS | FORM EXECUTED | CODE | NO TAX STATE CODE | |
| 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS) | | | | | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | EXEMPT | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED 2014/29/15 | | | | | | | | | | | |

FORM 1150
11-62Use Previous
Edition

SECRET

14-00000
EXCLUDED FROM AUTOMATIC
BUREAU OF THE
INTELLIGENCE14-00000
14-00000
(When Filled In)

SECRET
(When Filled In)

DDB: 9 OCT 64

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|-----------------|--|--|--|--|---|--------------------------------------|-----------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| 025798 | | WILCOTT JAMES JR | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | | 4. EFFECTIVE DATE MO DA YR 10 1 11 64 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | |
| 6. FUNDS | | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE 5077 0003 0000 | | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION | | | | | 10. LOCATION OF OFFICIAL STATION WASH., D. C. | | | | |
| 11. POSITION TITLE FINANCE ASSISTANT | | | | | 12. POSITION NUMBER 0470 | | 13. SERVICE DESIGNATION SF | | |
| 14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS | | 15. OCCUPATIONAL SERIES 0510.16 | | 16. GRADE AND STEP 07 4 | | 17. SALARY OR RATE 6650 | | | |
| 18. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING NUMERIC | 22. STATION CODE ALPHABETIC | 23. INTEGEE CODE | 24. HGS CODE | 25. DATE OF BIRTH MO DA YR 08 12 71 | 26. DATE OF GRADE MO DA YR | 27. DATE OF LEI MO DA YR | |
| 10 | 10 | 13500 | FIN | 75013 | 1 | | | | |
| 28. NTE EXPIRES MO DA YR | | 29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE | 30. RETIREMENT DATA CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE | 33. SECURITY REG NO EOD DATA | 34. SEC REG NO | | |
| | | | | | | | | | |
| 35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT | | 36. SERV. COMP. DATE MO DA YR | 37. LONG COMP. DATE MO DA YR | 38. CAREER CATEGORY CARR. RES. PROV. TEMP | 39. FEE/LI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES 2 - NO | 40. SOCIAL SECURITY NO HEALTH INS. CODE | | | |
| | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO | 44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| FROM: FE B | | | | | POSTED 9 Oct 64 JAS | | | | |

FORM 1150
11-62Use Previous
EditionSECRET
YgaGROUP 1
EXCLUDED FROM AUTOMATIC
DECLASSIFICATION AND
DESENSITIZATION

14-00000

(When Filled In)

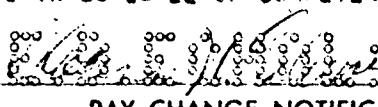
ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.**

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCL
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1964.

| NAME | SERIAL | GRON FUNDS | GR-ST | OLD SALARY | NEW SALARY |
|--------------------|--------|------------|-------|------------------|---------------|
| WILCOTT JAMES B JR | 025798 | 45 380 | CF | GS 07 3 \$ 5,910 | \$ 6,185 |

| 1. Serial No | 2. Name | | | 3. Cost Center Number | | | 4. LWOP Hours | | | |
|--|--------------------|---------|--------------|-----------------------|------|---------|----------------|----------------|-----|------|
| 025798 | WILCOTT JAMES B JR | | | 45 380 CF | | | 11F | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last EH Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| GS 07 | 3 | \$ 4,50 | 09/15/63 | GS 07 | 4 | \$ 6,50 | 09/13/64 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY 04 742 805 | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | | |
| SIGNATURE  DATE 1/1/64 | | | | | | | | | | |
| PAY CHANGE NOTIFICATION mcr | | | | | | | | | | |

SECRET
(When Filled In)

DLS: 13 SEPT 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | |
|--|--|------------------------------|--|----------------------------------|--|---------------------------|--|----------------------------------|--|---------------------------------|--|--------------------------|--|-----------------|--|
| (OCC) | | | | | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST-MIDDLE) | | | | | | | | | | | | | |
| 025798 | | WILCOTT JAMES B JR | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | |
| PROMOTION | | | | NO DA YR | | REGULAR | | | | | | | | | |
| | | | | 09 15 63 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6. FUNDS | | | | V TO V | | V TO CF | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| | | | | CF TO V | | X CF TO CF | | 4137 7351 1000 | | 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF | | | | TOKYO, JAPAN | | | | | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | | |
| FISCAL ACCT ASST | | | | 3167 | | SF | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, RS, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | |
| GS | | | | 0501.03 | | 07 3 | | 5910 | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | |
| 19. ACTION 20. ENTRY | | 21. OFFICE CODING | | 22. STATION | | 23. INTEGEE | | 24. Mdgts | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI | |
| CODE | | CODE | | CODE | | CODE | | Code | | NO DA YR | | NO DA YR | | NO DA YR | |
| 22 10 | | 45380 FE | | 37587 | | 3 | | 09 127 31 | | 09 15 63 | | 09 15 63 | | 09 15 63 | |
| 28. RTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG. NO. | | 34. SEX | | | |
| | | | | CODE | | CODE | | TYPE | | NO DA YR | | EOD DATA | | | |
| 35. VET PREFERENCE | | 36. SERV COMP DATE | | 37. LONG COMP DATE | | 38. CAREER CATEGORY | | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | | |
| CODE | | 0. NONE 1. 90% 2. 100% | | NO DA YR | | NO DA YR | | CAN GEN PROV TEMP | | CODE | | 0. WAIVER 1. YES | | HEALTH INS CODE | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | | |
| CODE | | CODE | | FORM EXECUTED 1. YES 2. NO | | NO TAX EXEMPTIONS | | FORM EXECUTED 1. YES 2. NO | | CODE | | NO TAX EXEMPT STATE CODE | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | POSTED 09/25/63 JK | | | |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1962

| NAME | SERIAL | OLD FUND | OLD GP-ST | NEW FUND | NEW GP-ST |
|--------------------|--------|----------|-----------|----------|-------------|
| WILCOTT JAMES B JR | 025798 | 56363 | CF 06 4 | S 5325 | DA 4 S 5545 |

SECRET
(When Filled In)

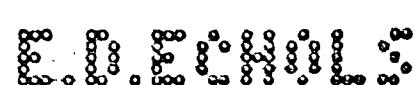
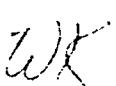
ARE: 9 NOV 1961

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|--|----------------------------------|-------------------------|----------------------------------|------------------------------|----------------------------------|-------------------------|---------------------------------|--------------------|------------|--|
| OCF | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | |
| 025798 | WILCOTT JAMES B JR | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| PROMOTION | | | | NO. DA. YR. | | REGULAR | | | | | |
| 6. FUNDS | | V TO V | | V. TO CP | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | CP TO V | | X | | 2137 7351 1000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDP FE FE/JAO TOKYO STATION SUPPORT STAFF TOKYO | | | | TOKYO, JAPAN | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | | | 13. CAREER SERVICE DESIGNATION | | | |
| FISCAL ACCT ASST | | | | 3167 | | | | SF | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc.) | | | 15. OCCUPATIONAL SERIES | | | 16. GRADE AND STEP | | | 17. SALARY OR RATE | | |
| GS | | | 0501.03 | | | 06 4 | | | 5325 | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. Midgets Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | |
| 22 | 10 | 56380 FE | | 37587 | | 3 | 09 27 31 | 11 12 61 | 11 12 61 | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ NO | 34. SEX | | |
| NO | DA | YR | 1. CSC | 2. FICA | 3. NONE | TYPE | NO DA YR | EOD DATA | | | |
| 35. VET. PREFERENCE | | 36. SERV COMP. DATE | 37. LONG COMP. DATE | 38. MIL SERV CREDIT/EDC | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | |
| CODE | 0 - NONE 1 - 6 PT. 2 - 10 PT. | NO DA YR | NO DA YR | 1 - YES 2 - NO | CODE | CODE | 0 - WAIVER 1 - YES | CODE | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | | | 44. STATE TAX DATA | | | |
| CODE | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS) | | FORM EXECUTED | CODE | 1 - YES 2 - NO | NO TAX EXEMPTIONS | FORM EXECUTED | CODE | NO TAX EXEMPT | STATE CODE | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| FOLIO | | | | | | | | | | | |

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

| SD | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
|----|--------------------|--------|-------|---------|------------|------------|
| SF | WILCOTT JAMES B JR | 525798 | 51 71 | GS-05 3 | \$ 4,340 | \$ 4,675 |

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

| SECRET (WHEN FILLED IN) | | | | | | | | | | | | |
|---|--------------------|----------|---------------------|--------------------|----|-------------------------|----------|----------|----------------|-----|----|--|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED ORGAN. | | | 4. FUNDS | | | 5. | | |
| 525798 | WILCOTT JAMES B JR | | | DDP/FE 14 | | | UV | | | | | |
| 6. OLD SALARY RATE | | | 7. NEW SALARY RATE | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | |
| NO. | DA. | YE | NO. | DA. | YE | NO. | DA. | YE | NO. | DA. | YE | |
| GS 05 | 3 | \$ 4,675 | 09 | 20 | 59 | GS 05 | 4 | \$ 4,840 | 09 | 18 | 60 | |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | | |
| 8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: | | | | | | 9. NUMBER OF HOURS LWOP | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP | | | | | | | | | | | | |
| <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD | | | | | | | | | | | | |
| <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | | | | |
| 10. TYPE OF ACTION | | | | | | 11. REMARKS | | | | | | |
| <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT | | | | | | | | | | | | |
| 12. AUTHENTICATION | | | | | | | | | | | | |
|   | | | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | | | |

(When Filled In)

| | | | | | | | | | | |
|---|--------------------|--------------------|---------------|-------|------|----------|----------------|-----|-----|------|
| 1. Serial No. | 2. Name | 3. Coat/Call No. | 4. LWOP Hours | | | | | | | |
| 25798 | WILCOTT JAMES B JR | DOP/FE 14 | UV | | | | | | | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | | | | | | | | |
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| FS | 05 | \$ 4,840 | 09/18/60 | 05 | 5 | \$ 5,035 | 09/17/61 | | | |
| 8. Remarks and Authorization | | | | | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

Form 7-60 560

Obsoletes Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|----------------------|---|----------|----------|----------------------|----------------------|---------|----------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet. Pref. | 5. Sex | 6. CS - EOD |
| 525798 | WILCOTT JAMES B JR | | | Mo. 09 Da. 27 Yr. 31 | None-0 Code 5 P-1 1 | M 1 | Mo. 03 Da. 04 Yr. 57 |
| 7. SCD | 8. CSC Name 9. CSC Or Other Legal Authority | | | 10. Appt. Alifad. | 11. FEGLI | 12. LCD | 13. MIL. CREDIT |
| Mo. 06 Da. 26 Yr. 53 | Yes - 1 | Code 000 | No - 2 1 | 50 USCA 403 | Mo. 03 Da. 04 Yr. 57 | Code 1 | Yes - 1 Code 2 |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|---|--------------------|--------|----------------------|----------------------|----------------------------------|-------------------|--------------|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT | | | | Code | 15. Location Of Official Station | | Station Code |
| | | | | 3003 | WASH., D.C. | | 75013 |
| 16. Dept. - Field | 17. Position Title | | | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Dept - 1 Code 01 USM - 3 2 Frpn - 5 2 | FISCAL ACCT CLK | | | 0506 | GS | 0501.04 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number | | |
| 05 3 | \$ 4340 | SF | Mo. 09 Da. 22 Yr. 57 | Mo. 09 Da. 18 Yr. 60 | 0263 1040 | | |

ACTION

| | | | | | |
|---|------|----------------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS* | 06 | Mo. 05 Da. 15 Yr. 60 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | | | |
|--|--------------------|--------|----------------------|----------------------|----------------------------------|-------------------|--------------|
| 31. Organizational Designations DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO | | | | Code | 32. Location Of Official Station | | Station Code |
| | | | | 5171 | TOKYO, JAPAN | | 37587 |
| 33. Dept. - Field | 34. Position Title | | | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept - 1 Code 01 USM - 3 5 Frpn - 5 5 | FISCAL ACCT ASST | | | 3167 | GS | 0501.03 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number | | |
| 05 3 | \$ 4340 | SF | Mo. 09 Da. 23 Yr. 57 | Mo. 09 Da. 18 Yr. 60 | 0137 7351 3000 | | |

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

05-16-60 JUK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 2 OCT 1959

| | | | | | | | |
|-------------------|-----------------------------|---------------------------------|--------------------|------------------|---------------|-------------------|-------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet. Pref. | 5. Sex | 6. CS - EOD |
| 125798 | WILCOTT JAMES B JR. | | | Mo. Da. Yr. | None | Code | Mo. Da. Yr. |
| 06 26 53 | 8. CSC Retire | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD | 13. MIL. RET. | |
| Yes - 1 No - 2 | Code | Mo. Da. Yr. | Yes - 1 No - 2 | Code | Mo. Da. Yr. | Yes - 1 No - 2 | Code |
| 50 USCA 403 J | | | 03 04 57 | | | 03 04 57 | |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|--|--------------------|------------------|--------|----------------------------------|--------------|--------------------------|-------------|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT. | | | Code | 19. Location Of Official Station | Station Code | | |
| | | | 3803 | WASH., D. C. | 75013 | | |
| 15. Dept. - Field | 17. Position Title | | | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Dept - 2 USMIL - 4 Frgn - 6 | Code | 21. Grade & Step | | | 0470 | GS | 0510.14 |
| 05 3 | 2 | \$ 4340. | | | SF | Mo. Da. Yr. | Mo. Da. Yr. |
| 22. Salary Or Rate | | | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number | |
| | | | | 09 22 57 | 09 20 59 | 9 6300 20 004 | |

ACTION

| | | | | | |
|----------------------|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| REASSIGNMENT | 56 | Mo. Da. Yr. | REGULAR | 01 | |

PRESENT ASSIGNMENT

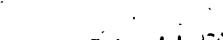
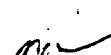
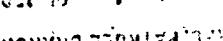
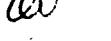
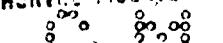
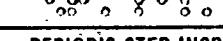
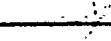
| | | | | | | | |
|---|--------------------|-----------------|--------------------|----------------------------------|-------------------|-------------------|--------------------------|
| 31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT | | | Code | 32. Location Of Official Station | Station Code | | |
| | | | 3803 | WASH., D.C. | 75013 | | |
| 33. Dept - Field | 34. Position Title | | | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept - 2 USMIL - 4 Frgn - 6 | Code | 0506 | | | GS | 0501.04 | |
| 05 3 | 2 | FISCAL ACCT CLK | | | | | |
| 38. Grade & Step | | | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| | | | \$ 4340 | SF | 09 22 57 | 09 10 60 | 0263 1040 |

44. Remarks

10-6-57
fca

SECRET

רָאשֵׁת מִשְׁנֶה

| | | | | | | | | | | | | | |
|---|------|--------------------|---------------------|----|----|-------------------------|------|---------|----------------|---------------|----|----|----|
| 1. EMP. SERIAL NO. | | NAME | | | | 3. CLASS & ORGAN. | | 4. FUND | | 5. ALLOCATION | | | |
| 125798 | | WILCOTT JAMES B JR | | | | 005/COMPT 11 | | V-20 | | 26.7.40 | | | |
| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | | |
| | | | MO | DA | YR | | | | MO | DA | YR | | |
| GS | 5 | 2 | \$ 4,190 | 09 | 21 | 58 | GS | 5 | 3 | \$ 4,340 | 09 | 20 | 59 |
| TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER | | | | | | | | | | | | | |
| 8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD. <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD. | | | | | | 9. NUMBER OF HOURS LWOP | | | | | | | |
| | | | | | | 10. INITIALS OF CLERK | | | | | | | |
| | | | | | | 11. AUDITED BY | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | | | | | |
| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | | | 13. REMARKS | | | | | | | |
| GRADE | STEP | SALARY | MO | DA | YR | | | | | | | | |
| | | | | | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | | | | | |
| <div style="text-align: center;">         </div> | | | | | | | | | | | | | |
| PERIODIC STEP INCREASE - AUTHENTICATION | | | | | | | | | | | | | |

~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|----------------------------------|-----|-----------------------------|---------|---------------------------------|---------|-------------------------|-----|-------------------------------|-----|-----------|------|------------------------------|-----|-----|
| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | |
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date (Mo-Da-Yr) | | 4. Vet. Pref | | 5. Sex | | 6. CS - EOD | | |
| 125798 | | WILCOTT JAMES B JR | | | | Mo. Da. Yr. 09 27 31 | | Non-Pt-0 5 Pt-1 10 Pt-2 | | Code 1 | | Mo. Da. Yr. 03 04 57 | | |
| 7. SCD | | 8. CSC Retire. | | 9. CSC Or Other Legal Authority | | 10. Appt. Altitude | | 11. FEGLI | | 12. LCD | | 13. Mill. Sec. Cust. Sec. | | |
| Mo. | Da. | Yr. | Yes - 1 | Code | Yes - 1 | Code | Mo. | Da. | Yr. | Yes - 1 | Code | Mo. | Da. | Yr. |
| 06 | 26 | 53 | No - 2 | 1 | No - 2 | 1 | 03 | 04 | 57 | No - 2 | 1 | 03 | 04 | 57 |
| 50 USCA 403 J | | | | | | | | | | | | | | |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|--|-----------------------------|--|--|---------------------------------------|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION | | Code 3803 | 15. Location Of Official Station WASH., D. C. | | Station Code 75013 |
| 16. Dept. - Field Dept - 8 USLd - 4 Frgn - 6 | 17. Position Title TIME LV PAY CLK. | 18. Position No. 0305.02 | | 19. Serv GS | 20. Occup Series 0544.01 |
| 21. Grade & Step 05 2 | 22. Salary Or Rate \$ 4190 | 23. SD SF | 24. Date Of Grade Mo. Da. Yr. 09 22 57 | 25. PSL Due Mo. Da. Yr. 09 21 58 | 26. Appropriation Number 8 6304 20 |

ACTION

| 27. Nature Of Action | Code | 28. Eff. Date | | | 29. Type Of Employee | Code | 30. Separation Date |
|----------------------|------|---------------|-----|-----|----------------------|------|---------------------|
| | | Mo. | Da. | Yr. | | | |
| REASSIGNMENT | 56 | 03 | 25 | 59 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|------|----------------------------------|--------------|
| DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT. | 3803 | WASH., D. C. | 75013 |

| | | | | | | | | | |
|-------------------|------|--------------------|--------|-------------------|------------------|--------------------------|--|-----------|-------------------|
| 33. Dept. - Field | | 34. Position Title | | | 35. Position No. | | | 36. Serv. | 37. Occup. Series |
| Dept - 2 | Code | | | | 0470 | | | GS | 0510.14 |
| Usd - 4 | | FINANCE ASST | | | | | | | |
| Frgn - 6 | 2 | | | | | | | | |
| 33. Grade & Step | | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSN No. | 43. Appropriation Number | | | |
| 05 2 | | \$ 4190 | SF | Mo. Da. Yr. | Mo. Da. Yr. | 9 6300 20 004 | | | |
| | | | | 09 22 57 | 09 20 59 | | | | |

44. Remarks

POSTED

274

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | | | | |
|--|---------------------|----------|------------------------|--------------------|--|----------|--------------|--------|----------------|----|----|----|--|--|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED ORGAN. | | 4. FUNDS | 5. ALLOTMENT | | | | | | | |
| 125798 | WILCOTT, JAMES B JR | | | DDS/COMPT | | V-20 | | | | | | | | |
| 6. OLD SALARY RATE | | | 7. NEW SALARY RATE | | | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | | | |
| | | | MO | DA | YR | | | | MO | DA | YR | | | |
| GS. 5 | 1 | \$ 4,040 | 09 | 22 | 57 | GS | 5 | 2 | \$ 4,190 | 09 | 21 | 58 | | |
| REMARKS | | | | | | | | | | | | | | |
| CERTIFICATION | | | | | | | | | | | | | | |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. | | | | | | | | | | | | | | |
| TYPED, OR PRINTED, NAME OF SUPERVISOR H. A. CHANDLER | | | DATE 13 August 1958 | | SIGNATURE OF SUPERVISOR <i>H. A. Chandler</i> | | | | | | | | | |
| PERIODIC STEP INCREASE - CERTIFICATION | | | | | | | | | | | | | | |

FORM NO. 1 MAR 58 560

SECRET

PERSONNEL FOLDER

(4)

SECRET
(Not Filled In)

20202

NOTIFICATION OF PERSONNEL ACTION

MCM28 APRIL 58

| | | | | | |
|-------------------------|-----------------------------|---------------------------------|-----------------------------|-------------------------|-------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. CS-FOD |
| 125798 | WILCOTT, JAMES B JR | Mo. Da. Yr. 09 27 31 | None-0 Code 5A-1 10A-8 1 | M 1 | Mo. Da. Yr. 03 04 57 |
| 7. SCD | 8. CSC Rmtnt | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. 06 26 57 | Yes-1 Code No-2 1 | 50 USC 403 | Mo. Da. Yr. No-S | Mo. Da. Yr. 03 04 57 | Yes-1 Code No-2 2 |

PREVIOUS ASSIGNMENT

| | | | | |
|--|--------------------|----------------------------------|-------------------------------|-----------------------------------|
| 14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION | Code | 15. Location Of Official Station | Station Code | |
| | 3803 | WASH., D. C. | 75013 | |
| 16. Dept. - Field | 17. Position Title | 18. Position No. | 19. Serv. 20. Occup. Series | |
| Dept - 2 USfld - 4 Frgn - 6 2 | FINANCE ASST | 0521.03 | GS 0510.14 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade 25. PSI Due | 26. Appropriation Number |
| 05 1 | \$ 3670 | SF | Mo. Da. Yr. 09 21 57 | Mo. Da. Yr. 09 21 58 8 6304 20 |

ACTION

| | | | | | |
|--------------------------------------|------------|---------------------------|---------------------------------|------------|---------------------|
| 27. Nature Of Action REASSIGNMENT | Code 56 | 28. Err. Date 04 21 58 | 29. Type Of Employee REGULAR | Code 01 | 30. Separation Date |
|--------------------------------------|------------|---------------------------|---------------------------------|------------|---------------------|

PRESENT ASSIGNMENT

| | | | | |
|---|--------------------|----------------------------------|-------------------------------|-----------------------------------|
| 31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION | Code | 32. Location Of Official Station | Station Code | |
| | 3803 | WASH., D. C. | 75013 | |
| 33. Dept. - Field | 34. Position Title | 35. Position No. | 36. Serv. 37. Occup. Series | |
| Dept - 2 USfld - 4 Frgn - 6 2 | TIME LV PAY CLK | 0305.02 | GS 0544.01 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade 42. PSI Due | 43. Appropriation Number |
| 05 1 | \$ 3670 | SF | Mo. Da. Yr. 09 22 57 | Mo. Da. Yr. 09 21 58 8 6304 20 |

44. Remarks

POSTED
S/1/S

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

MCM 21 FEB 58

| | | | | | | |
|---------------|-----------------------------|---------------------------------|-------------------|-------------|-------------|-------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. OS - EOD | |
| 125798 | WILCOTT JAMES B JR | Mo. Da. Yr. | Name-1 Code | Mo. Da. Yr. | Mo. Da. Yr. | |
| 7. SCD | 8. CSC Recd. | 9. CSC Or Other Legal Authority | 10. Adm. Altidav. | 11. FEGLI | 12. LCD | 13. Min. Serv. To |
| No. Da. Yr. | Yes-1 Code | No-2 | Mo. Da. Yr. | Year-1 Code | Mo. Da. Yr. | Yes-1 Code |
| 06 26 53 | 1 | 50 USCA 403 | 03 27 31 | 10 11-2 | 03 04 57 | No-2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|--------------------|----------------------------------|-------------------|-------------------|--------------------------|
| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code | | |
| DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION | | 3802 WASH, D. C. | 75013 | | |
| 16. Dept. - Field | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Dept. - 2 Code USId - 4 Frgrn - 6 2 | FISCAL ACCT CLK | 30.01 | GS | 0501.04 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
| 05 1 | \$ 3670 | SF | Mo. Da. Yr. | Mo. Da. Yr. | 8 6303 20 |

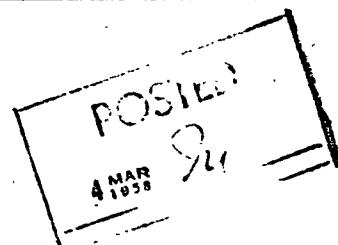
ACTION

| | | | | | |
|----------------------|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| REASSIGNMENT | 56 | 02 23 58 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|---|--------------------|----------------------------------|-------------------|-------------------|--------------------------|
| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code | | |
| DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION | | 3803 WASH, D. C. | 75013 | | |
| 33. Dept. - Field | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept. - 2 Code USId - 4 Frgrn - 6 2 | FINANCE ASST | 0521.03 | GS | 0510.14 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| 05 1 | \$ 3670 | SF | Mo. Da. Yr. | Mo. Da. Yr. | 8 6304 20 |

44. Remarks



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|-------------------------|-----------------------------|---------------------------------|--------------------|-------------------|-----------------------------|-------------------------|-------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. CS - EOD |
| 1257 | WILCOTT, JAMES | | | Mo. Da. Yr. | None-0 5 Pt-1 10 Pt-2 | Code 1 M 1 | Mo. Da. Yr. 02 04 57 |
| 7. SCB | 8. CSC Recd. | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. | 11. FEGLI | 12. LCD | 13. Present Info | |
| Mo. Da. Yr. 02 21 57 | Yes - 1 No - 2 | Code 1 50 USCA 403 | Mo. Da. Yr. | Yes - 1 No - 2 | Code 02 04 57 | Mo. Da. Yr. 02 04 57 | Yes - 1 No - 2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|-----------------------------------|---------------------------|--------|----------------------------------|-------------|--------------------------|
| 14. Organizational Designations | | Code | 15. Location Of Official Station | | Station Code |
| DOS, OFFICE OF COMPTROLLER | | | WASH. D. C. | | |
| FISCAL DIVISION | | | | | |
| ACCOUNTS PAYABLE | | | | | |
| APPOINTMENT LEGISL SECTION | | | | | |
| 16. Dept. - Field | 17. Position Title | | 18. Position No. | 19. Serv. | 20. Occup. Series |
| Dept - 2 USfld - 4 Frgn - 6 | Code 2 FISCAL ACCT CLK | | 20-01 | GS | 0001 04 |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
| OK 1 | \$ 2.70 | SC | Mo. Da. Yr. | Mo. Da. Yr. | 8-202 20 |

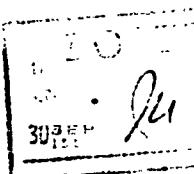
ACTION

| | | | | | |
|----------------------|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| PROMOTION | 00 | 01 22 57 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|-----------------------------------|---------------------------|--------|----------------------------------|-------------|--------------------------|
| 31. Organizational Designations | | Code | 32. Location Of Official Station | | Station Code |
| DOS, OFFICE OF COMPTROLLER | | | WASH. D. C. | | |
| FISCAL DIVISION | | | | | |
| ACCOUNTS PAYABLE | | | | | |
| APPOINTMENT LEGISL SECTION | | 0002 | | | 7501 2 |
| 33. Dept. - Field | 34. Position Title | | 35. Position No. | 36. Serv. | 37. Occup. Series |
| Dept - 2 USfld - 4 Frgn - 6 | Code 2 FISCAL ACCT CLK | | 20-01 | GS | 0001 04 |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| OK 1 | \$ 2.70 | SC | Mo. Da. Yr. | Mo. Da. Yr. | 8-202 20 |

44. Remarks

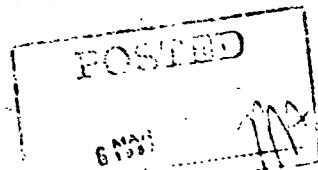


STANDARD FORM 50 (2 PART)
REV. APRIL 1951
PROCLAMATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 6 OF FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56
0-5481 D/JW

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----|---|-----|--|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. NAME (Last, first, middle initial, and surname) | | 2. DATE OF BIRTH | | 3. JOURNAL OF ACTION NO. | | 4. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR. JAMES B. WILCOX, JR. 125798 | | 27 Sep 1931 | | | | 4 Mar 1957 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is to notify you of the following action affecting your employment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF ACTION (use STANDARD TERMINOLOGY) | | 6. EFFECTIVE DATE | | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Excepted Appointment | | 13 | | 4 Mar 1957 | | 50 USC 403 j | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. POSITION TITLE | | 9. SERVICE, SERIES, GRADE, SALARY | | 10. ORGANIZATIONAL DESIGNATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Fiscal Acct Clerk X-30.01-4 GS-0501.04-4 \$3415.00 per annum | | DDX/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. HEADQUARTERS | | 12. FIELD OR DEPT'L | | FIELD | | DEPARTMENTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. VETERAN'S PREFERENCE | | | | 14. POSITION CLASSIFICATION ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | | | <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DIA <input type="checkbox"/> OTHER | | | | SD/SP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. SEX | | 16. APPROPRIATION FROM | | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) | | 18. DATE OF APPOINT- MENT AFFIDAVIT ACCSSIONS STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 M | | 7-6303-20 | | Yes | | 4 Mar 1957 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. REMARKS. Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOC 03/01/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53 PSI date 03/09/58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 EOD 03/04/57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  <small>6 MAY 1957</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTRANCE PERFORMANCE RATINGS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> </table> | | | | | | | | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |
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| 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. PERSONNEL FOLDER COPY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 773 314157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Director of Personnel

U. S. GOVERNMENT PRINTING OFFICE: 1955 - 2500000

SECRET

(been filled in)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | |
|--|--|-----------|----------|---------------------------------------|-------------------------|---------------|
| SECTION A | | | | GENERAL | | |
| 1. NAME | (Last) | (First) | (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| Wilcott, James B., Jr. | | | | 27 Sep 31 | M | GS-07 SF |
| 5. OFFICIAL POSITION/TITLE | Fiscal Acct Asst | | | 7. OFF/Div/Br of Assignment | 8. Current Station | |
| | | | | DDP/WH/C | JMWAVE | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | |
| CAREER | RESERVE | TEMPORARY | | INITIAL | REASSIGNMENT SUPERVISOR | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | ANNUAL | REASSIGNMENT EMPLOYEE | |
| SPECIAL (Specify) | | | | SPECIAL (Specify): Resignation | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (Page 10) | | |
| | | | | 26 Apr 65 - 15 Apr 66 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| W - <u>Weak</u> | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | | | |
| A - <u>Adequate</u> | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | | | | | |
| P - <u>Proficient</u> | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | | | | | |
| S - <u>Strong</u> | Performance is characterized by exceptional proficiency. | | | | | |
| O - <u>Outstanding</u> | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| SPECIFIC DUTY NO. 1 Lists, computes and verifies <input type="checkbox"/> cover companies commercial payrolls involving approximately <input type="checkbox"/> persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling. | | | | RATING LETTER | | A |
| SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel | | | | RATING LETTER | | W |
| SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies | | | | RATING LETTER | | A |
| SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents | | | | RATING LETTER | | A |
| SPECIFIC DUTY NO. 5 | | | | RATING LETTER | | |
| SPECIFIC DUTY NO. 6 | | | | RATING LETTER | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | |
| YI 111 | | | | | | RATING LETTER |
| | | | | | | A |

SECRET
(When Filled In)

REVIEWED BY:

P. by R. Johnson

SPECIAL AGENT IN CHARGE

| FITNESS REPORT | | | | | EMPLOYEE-SERIAL NUMBER 025798 |
|--|--|--|--|--|----------------------------------|
| SECTION A | | | | | |
| 1. NAME WILCOX, James B., Jr. | | | 2. DATE OF BIRTH 27 Sep 1931 | | |
| 3. OFFICIAL POSITION TITLE Finance Assistant | | | 4. GRADE GS-07 | | |
| 5. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | | 6. REASSIGNMENT SUPERVISOR X | | |
| 7. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify): | | | 8. CURRENT STATION Fin/CRD/C&TAB Wash., D. C. | | |
| 11. DATE REPORT DUE IN O.P. ASAP | | | 12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965 | | |
| SECTION B PERFORMANCE EVALUATION: | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Preparing Correspondence | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files | | | | | RATING LETTER P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 5 MAY 1965 <i>gd</i> | | | | | RATING LETTER P |

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping ~~in~~ ⁱⁿ perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

| | |
|---------------|-----------------------|
| DATE | SIGNATURE OF EMPLOYEE |
| 30 April 1965 | |

2. BY SUPERVISOR

| | |
|--|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| 6 | Employee had departed for PCS prior to this date. |

| | | |
|---------------|---------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 30 April 1965 | Chief, Staff Agents Accts. Sec. | |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

| | | |
|---------------|--------------------------------------|------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPE |
| 30 April 1965 | Chief, Compensation and Tax Div. | |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 025798 | |
|---|--|--|--|----------------------------------|--------------------|
| SECTION A | | | | | |
| 1. NAME (Last) (First) (Middle) Wilcott, James B. Jr. | | | 2. DATE OF BIRTH 27 Sep 31 | 3. SEX M | 4. GRADE GS-07 |
| 5. OFFICIAL POSITION TITLE Fiscal Acct Asst | | | 6. OFF/ DIV/ GR OF ASSIGNMENT DDP/FE/JKO | 7. CURRENT STATION Tokyo | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify): | | |
| 10. DATE REPORT DUE IN O.P. 31 Aug 64 | | | 11. REPORTING PERIOD (From - To) 1 July 1963 - 30 June 1964 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Maintains statistical records or private rentals by individual house and cost center. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 6 Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | | | | | RATING LETTER P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER P |
| 15 JUL 1964 | | | | | |

SECRET

Other Filled In

| SECTION C | | NARRATIVE COMMENTS | OFFICE OF PERSONNEL |
|---|---|-------------------------------------|---------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties may be described, if applicable.</p> <p>9 Jun 64</p> <p>Subject has performed his duties in a competent manner. Handles huge sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p> | | | |
| SECTION D | | | |
| CERTIFICATION AND COMMENTS | | | |
| 1. BY EMPLOYEE | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | |
| DATE | SIGNATURE OF EMPLOYEE | | |
| 9 Jun 64 | /s/ James Wilcott | | |
| 2. BY SUPERVISOR | | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | |
| 23 | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | |
| 9 Jun 64 | Finance Officer | /s/ Frank Wells | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| <p>Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p> | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | |
| 7 Jun 64 | Finance Officer | /s/ Jack Randall | |

SECRET

Other Filled In

CONFIDENTIAL
SECRET
(DO NOT FILL IN)

FJTT 10,374, 31 May 63

| | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|-----------|--|----------------------------------|--------|---------|-----------|---|--|--|-------------------|--|--|---------|--------------------------|----------|-----------------------|-------------------|--|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 025798 | | | | | | | | | | | | | | | |
| SECTION A 1. NAME (Last) (First) (Middle) WILCOTT, JAMES B. JR. 2. DATE OF BIRTH 27 Sept 31 3. SEX M 4. GRADE GS-6 5. SD SF 6. OFFICIAL POSITION TITLE FISCAL ACCT ASST 7. OFF. DIV/BR OF ASSIGNMENT DDP/FE/JKO 8. CURRENT STATION Tokyo 9. CHECK (X) TYPE OF APPOINTMENT <table border="1"> <tr> <td>CAREER</td> <td>RESERVE</td> <td>TEMPORARY</td> </tr> <tr> <td colspan="3">CAREER-PROVISIONAL (See Instructions - Section C)</td> </tr> <tr> <td colspan="3">SPECIAL (Specify)</td> </tr> </table> 10. CHECK (X) TYPE OF REPORT <table border="1"> <tr> <td>INITIAL</td> <td>REASSIGNMENT SUPERVISION</td> </tr> <tr> <td>X ANNUAL</td> <td>REASSIGNMENT EMPLOYEE</td> </tr> <tr> <td colspan="2">SPECIAL (Specify)</td> </tr> </table> 11. DATE REPORT DUE IN O.P. 12. REPORTING PERIOD (From- to-) 1 Jul 62 - 30 Jun 63 | | | | | CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See Instructions - Section C) | | | SPECIAL (Specify) | | | INITIAL | REASSIGNMENT SUPERVISION | X ANNUAL | REASSIGNMENT EMPLOYEE | SPECIAL (Specify) | |
| CAREER | RESERVE | TEMPORARY | | | | | | | | | | | | | | | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify) | | | | | | | | | | | | | | | | | | | |
| INITIAL | REASSIGNMENT SUPERVISION | | | | | | | | | | | | | | | | | | |
| X ANNUAL | REASSIGNMENT EMPLOYEE | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify) | | | | | | | | | | | | | | | | | | | |
| SECTION B PERFORMANCE EVALUATION W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner. S - <u>Strong</u> Performance is characterized by exceptional proficiency. O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. SPECIFIC DUTIES List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). RATING LETTER P SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily. RATING LETTER P SPECIFIC DUTY NO. 3 Sumsarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. RATING LETTER P SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. RATING LETTER P SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. RATING LETTER P SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. RATING LETTER P OVERALL PERFORMANCE IN CURRENT POSITION Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. 20 JUN 1963 RATING LETTER P | | | | | | | | | | | | | | | | | | | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENT

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

338 PH 63

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

21 May 1963

/S/ James B. Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

33

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1963

Finance Officer

/S/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1963

Adm Officer

/S/ Douglas S. Trabue

SECRET

CONFIDENTIAL

SECRET
(When Filled In)

REVIEWED BY:

July 9, 1962
of Career Service Board

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|---|--|---------------|
| SECTION A | | | | GENERAL | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| WILCOTT, James B. | | | 27 Sept 31 | M | GS-6 SF |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION | |
| Fiscal Acct Asst. | | | FE/Tokyo | Tokyo | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify): _____ | | | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): _____ | REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - To) | | |
| | | | 1 Apr 61 - 30 June 62 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| Station cashier responsible for the day to day receipt and disbursement of cash. | | | | | P |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| Consolidates all station cash transactions to one voucher and verifies balance daily. | | | | | P |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | | | S |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| Polices individual housing and vehicle advance accounts and audits related accountings. | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| Maintains statistical records on all private rentals by individual house and cost center. | | | | | P |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| Performs other related duties as assigned by the Finance Officer. | | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| RATING LETTER | | | | | P |

SECRET

(This Form Filled In)

SECTION C

NARRATIVE COMMENTS.

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

05 P/M 1962

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

19 July 1962

James B. Wilcott /s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

25

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

17 July 1962

Finance Officer

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

17 July 1962

Finance Officer

Clarence F. Norment

SECRET

SECRET
(When Filled In)

SEARCHED BY:
Ruby J. Tolosa

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 525798 | |
|--|------------------------|------------------------|----------------------------|---|----------------------------------|-----------------|
| SECTION A | | GENERAL | | | | |
| 1. NAME (Last) (First) (Middle) | WILCOTT, James B | | 2. DATE OF BIRTH | 27 Sept 1931 | | 3. SEX M |
| 4. GRADE GS-05 | 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | |
| SF | Fiscal Acct. Asst. | | | | Tokyo Station | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | |
| NOT ELIGIBLE | MEMBER | DEFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | | |
| PENDING | DECLINED | DENIED | X ANNUAL | REASSIGNMENT/EMPLOYEE | | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | 12. SPECIAL (Specify) | | |
| X 31 May 1961 | | 27 May 60 to 31 Mar 61 | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
| SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash. | | | RATING NO. 4 | SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | | |
| SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily. | | | RATING NO. 4 | SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. | | |
| SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | | | RATING NO. 5 | SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | |
| <ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | | RATING NO. 4 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | | |
| CHARACTERISTICS | | | | NOT APPL-CABLE | NOT OBS-SERVED | RATING |
| GETS THINGS DONE | | | | | | X |
| RESOURCEFUL | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | X | | | | |
| WRITES EFFECTIVELY | | X | | | | |
| SECURITY CONSCIOUS | | | | | | X |
| THINKS CLEARLY | | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X |
| OTHER (Specify): | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for promotion assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naivete are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

3 May 1961

James B. Wilcott (oSigned)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

8

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3 May 1961

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 May 1961

Clarence Norment

SECRET

SECRET
(This Form is Valid in)REVISED BY:
Ruby & John
SE COUNSELING BOARD

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|---|--------------------|--|-------------------------|---------------------|
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME (Last) <i>Wilcott</i> | (First) <i>James</i> | (Middle) <i>R.</i> | 2. DATE OF BIRTH <i>27 September 1931</i> | 3. SEX <i>M</i> | 4. GRADE <i>S-3</i> |
| 5. SERVICE DESIGNATION <i>SS</i> | 6. OFFICIAL POSITION TITLE <i>Fiscal Accountant Clerk</i> | | 7. OFF/DIV/BR OF ASSIGNMENT <i>Compt/Finance/Accts</i> | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> NOT ELIGIBLE | MEMBER | DEFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | |
| PENDING | DECLINED | DENIED | ANNUAL | REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. <i>30 April 1960</i> | 11. REPORTING PERIOD <i>From 1 APR 59 - 31 MAR 60</i> | | 12. SPECIAL (Specify) | | |
| SECTION B | | | | | |
| EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior |
| SPECIFIC DUTY NO. 1 Responsible for number- ing, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine | | RATING NO. | SPECIFIC DUTY NO. 1 (continued) | | RATING NO. |
| 4 | | | Records Division | | 4 |
| SPECIFIC DUTY NO. 2 Responsible for verify- ing the daily expenditure listing totals with the expended general ledger accounts. | | RATING NO. | SPECIFIC DUTY NO. 3 | | RATING NO. |
| 4 | | | | | |
| SPECIFIC DUTY NO. 3 Responsible for match- ing the attachments to the vouchers and filing when vouchers are returned from Machine Records Division. | | RATING NO. | SPECIFIC DUTY NO. 6 | | RATING NO. |
| 4 | | | | | |
| SECTION C | | | | | |
| EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | |
| RATING NO. 4 | | | | | |
| SECTION D | | | | | |
| DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPL-CABLE | NOT OBS-SERVED | RATING |
| GETS THINGS DONE | | | | | X |
| RESOURCEFUL | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X |
| WRITES EFFECTIVELY | | | X | | |
| SECURITY CONSCIOUS | | | | | X |
| THINKS CLEARLY | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | X | | |
| OTHER (Specify): | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | |

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

12
1
21
as
4/1

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal experience or responsibility. An "average" rating reflects an entirely satisfactory rating.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

18 April 1960

SIGNATURE OF EMPLOYEE

James E. Elliott Jr.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

12 Months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

OTHER (Specify):

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

DATE

18 April 1960

OFFICIAL TITLE OF SUPERVISOR

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

4/18/60

OFFICIAL TITLE OF REVIEWING OFFICIAL

D/Accounts Branch

SECRET

REVIEWED BY:
 SECRET
 When Filled In
 R.A. *Carly S. Johnson*
 CAREER SERVICE BOARD

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

| SECTION A | | | | GENERAL | | | | | |
|--|--|---|---|---|---|----------------------|---------------------|---------------------|-----------------|
| 1. NAME (Last) Wilcott, Jr. | (First) James | (Middle) B. | | 2. DATE OF BIRTH 27 Sept. 1931 | 3. SEX M | 4. GRADE GS-5 | | | |
| 5. SERVICE DESIGNATION SP | 6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk | | | 7. SPP/DIV/BR OF ASSIGNMENT Compt/Finance Division | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | | | | |
| <input checked="" type="checkbox"/> NOT ELIGIBLE | MEMBER | DEFERRED | <input checked="" type="checkbox"/> INITIAL | REASSIGNMENT/SUPERVISOR | | | | | |
| PENDING | DECLINED | DENIED | <input checked="" type="checkbox"/> ANNUAL | REASSIGNMENT/EMPLOYEE | | | | | |
| 10. DATE REPORT DUE IN O.P. 30 April 1959 | | 11. REPORTING PERIOD From 1 Apr 58 - 31 Mar 59 | | 12. SPECIAL (Specify) | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised). | | | | | | | | | |
| 1 - Unsatisfactory | | 2 - Barely adequate | | 3 - Acceptable | | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
| SPECIFIC DUTY NO. 1 Fundamental of Payroll | | | RATING NO. 3 | | SPECIFIC DUTY NO. 4 Initiating liaison with Area divisions on payroll problems | | | RATING NO. 3 | |
| SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances | | | RATING NO. 3 | | SPECIFIC DUTY NO. 5 Application of Agency pay regulations | | | RATING NO. 4 | |
| SPECIFIC DUTY NO. 3 Maintaining of leave records | | | RATING NO. 3 | | SPECIFIC DUTY NO. 6 Processing of checks | | | RATING NO. 4 | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | | | RATING NO. 3 | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | | | | | |
| CHARACTERISTICS | | | | NOT APPL-CABLE | NOT OBS-SERVED | RATING | | | |
| GETS THINGS DONE | | | | | | 2 | | | |
| RESOURCEFUL | | | | | | 2 | | | |
| ACCEPTS RESPONSIBILITIES | | | | | | 2 | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | 2 | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | 2 | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | 2 | | | |
| WRITES EFFECTIVELY | | | | | | 2 | | | |
| SECURITY CONSCIOUS | | | | | | 2 | | | |
| THINKS CLEARLY | | | | | | 2 | | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | 2 | | | |
| OTHER (Specify): | | | | | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | | | | | |

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for ~~ability~~ ~~ability~~ for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Willcott is a genial and cooperative person. He is liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require ~~REVIEWING~~ ~~MANAGING~~ supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

March 10, 1959

SIGNATURE OF EMPLOYEE

Julius B. Willcott Jr. *Julius B. Willcott Jr.*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

[Signature]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (SPECIFY):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

March 10, 1959

Time, Leave, Pay Sup.

3.

BY REVIEWING OFFICIAL

I SHOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

March 10, 1959

A/C, Staff Employees Accts. Sec

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I)- PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item A. of Section A below.

SECTION A.

GENERAL

| | | | | | |
|---|--------------------------|----------|--|-------------------|------------------------|
| 1. NAME (Last) | (First) | (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
| Wilcott, | James | B. | 27 Sept. 1931 | M | SP |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | | 6. OFFICIAL POSITION TITLE | | |
| Controller - Fiscal Division | | | Fiscal Audit Clerk | | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | | |
| GS-5 | 4 December 1957 | | 1 March 1957 - 4 December 1957 | | |
| 10. TYPE OF REPORT (Check one) | | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) | |
| | | ANNUAL | REASSIGNMENT-EMPLOYEE | | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT:

4. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|--|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | <input type="checkbox"/> IF INDIVIDUAL IS RATED "1" IN C OR D, A WARNING LETTER WAS SENT TO HIM & COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISOR(S). | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

5. THIS DATE C. D. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957 Deputy Chief, Accounting Br.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE

Posted Pos. Control WKA (10 AM 3)Reviewed by POC WHD 12/6/57

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE B. TYPED OR PRINTED NAME AND RANK OF REVIEWER C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957 Chief, Accounting Branch

SECTION C.

JOB PERFORMANCE EVALUATION 11/20

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

| |
|---|
| <input type="checkbox"/> 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. |
| <input type="checkbox"/> 2 - DARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| <input type="checkbox"/> 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. |
| <input type="checkbox"/> 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. |
| <input type="checkbox"/> 5 - A FINE PERFORMANCE CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. |
| <input type="checkbox"/> 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR. |

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | MAILED PRODUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SPEECHES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SURVEYS |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| | |
|---|--|
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| 3 - PERFORMS THIS DUTY ACCEPTABLY | 8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

| | | | |
|--|---------------|---|---------------|
| SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting. | RATING NUMBER | SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year. | RATING NUMBER |
| SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations. | RATING NUMBER | SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts. | RATING NUMBER |
| SPECIFIC DUTY NO. 3 Checks and reconciles amounts of expenditures with those in the allotment ledger accounting records. | RATING NUMBER | SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees. | RATING NUMBER |

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

SECTION D.

SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

| |
|--|
| 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED |
| 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW |
| 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION |
| 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION |
| 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS |
| 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION |
| 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

SECRET

| | | | |
|---|---|--|------------------------|
| Standard Form No. 2813 FPM Supplement 8921 MAY 1966 | FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT | | 6 GAO 3900 2810-104 |
|---|---|--|------------------------|

Part A.—IDENTIFYING DATA

| | | |
|---|--|---|
| 1. NAME (LAST) <i>Wilcott, James E. Jr.</i> | 2. DATE OF BIRTH <i>9/27/31</i> | 3. CARRIER IDENTIFICATION NO. <i>078128</i> |
| 4. ADDRESS <i>15620 S.W. 102 Avenue</i> | 5. PAYROLL OFFICE NO. <i>11239901</i> | 6. RETIREMENT CODE NO. <i>425</i> |
| 6. CITY <i>Jerome, Florida</i> | 7. DATE THIS ACTION BECOMES EFFECTIVE <i>23 April 1966</i> | |

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

Part C.—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K. BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT

Part F.—SUSPENSION

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

Part G.—REINSTATEMENT

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

NAME _____ ADDRESS IF DIFFERENT FROM PART A, ITEM 6, ABOVE _____ DATE OF BIRTH _____

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

NAME _____ ADDRESS IF DIFFERENT FROM PART A, ITEM 6, ABOVE _____ DATE OF BIRTH _____

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Part K.—DATE OF NOTICE

| | | |
|--|---|------------------------|
| <i>J. P. Payne</i> HEALTH BENEFITS OFFICER (ALTERNATE) | Central Intelligence Agency Washington 25, D. C. | <i>5/26/66</i> DATE |
| NAME OF AGENCY | | ADDRESS |

SECRET

SECRET

| CONTRACT INFORMATION AND CHECK LIST (CONTINUED) | | | | BASE OFFICE ACADEMIC CASHMAN | DIVISION DIP/AM |
|---|--|--------------------------|---------------------------|--|---|
| NOTE: SEE INSTRUCTIONS ON FIRST SHEET. | | | | TELEPHONE EXTENSION 6578 | DATE 26 April 1965 |
| SECTION VIII OTHER BENEFITS | | | | 48. BENEFITS (See HR 20-44, HR 20-45, HR 20-7, HR 20-33, and HB 20-620-1, HB 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.) | |
| Entitled to all benefits of a Staff Employee | | | | | |
| SECTION IX COVER ACTIVITY | | | | | |
| 47. STATUS (Check) | PROPOSED ESTABLISHED | 48. TYPE (Check) | PROPRIETARY SUBSIDIZED | CULTURAL EDUCATIONAL | <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER |
| 49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL | | | | | |
| SECTION X OFFSET OF INCOME | | | | 50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE | |
| SECTION XI TERM | | | | 51. DURATION DAYS MONTHS YEARS | |
| 52. EFFECTIVE DATE | | | | 53. RENEWABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 54. TERMINATION NOTICE (Number of days) | | | | 55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| SECTION XII FUNCTION | | | | | |
| 56. PRIMARY FUNCTION (CI, PI, PP, other) Support - Finance | | | | | |
| SECTION XIII DUTIES | | | | | |
| 57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED Fiscal Accounting Assistant | | | | | |
| SECTION XIV QUALIFICATIONS | | | | | |
| 58. EXPERIENCE | | | | | |
| BECOMING CIA AS STAFF EMPLOYEE 4 March 1957 | | | | | |
| 59. EDUCATION (Check Highest Level Attained) | | GRADE SCHOOL | HIGH SCHOOL GRADUATE | TRADE SCHOOL GRADUATE | |
| | | BUSINESS SCHOOL GRADUATE | | COMMERCIAL SCHOOL GRADUATE | |
| 60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency) | | COLLEGE (No degree) | COLLEGE DEGREE | POST GRADUATE | MA PHD |
| | | LANGUAGE | SPEAK | WRITE | READ |
| | | FLUENT | AVERAGE | POOR | FLUENT |
| | | German | X | X | X |
| | | Japanese | X | X | X |
| 61. AREA KNOWLEDGE Okinawa, Japan | | | | 62. INDIVIDUAL'S COUNTRY OF ORIGIN U.S.A. | |
| SECTION XV EMPLOYMENT PRIOR TO CIA | | | | | |
| 63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING Dec. 1948 - March 1957 - U. S. Army | | | | | |
| SECTION XVI ADDITIONAL INFORMATION | | | | | |
| 64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary) | | | | | |
| Social Security No. 103-24-6095 | | | | | |
| APPROVAL | | | | | |
| DATE | TYPED NAME & SIGNATURE OF REQUESTING OFFICER | | DATE | TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER | |

STANDARD FORM 61
REVISED MARCH 1950
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 16

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY WASHINGTON, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957
(Date of entrance on duty)

James B. Wilcott Jr.
(Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 1957.

at Washington, D. C.
(City) (State)

[SEAL]

Conrad E. Ohlman
(Signature of officer)
Appointment Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOUNTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (Street and number, city and State)

1436 21st Street N.W. Washington, D.C.
& (a) DATE OF BIRTH (b) PLACE OF BIRTH (city and State or country)

8/07/31 Cleveland, Ohio
(c) STREET AND NUMBER, CITY AND STATE Utica, N.Y.
(d) TELEPHONE NO.

2. (a) IN CASE OF EMERGENCY, PLEASE NOTIFY (b) RELATIONSHIP (c) STREET AND NUMBER, CITY AND STATE (d) TELEPHONE NO.

Mrs Geraldine Fisher Sister 1510 Brinkhoff Ave.

3. DOES THE UNITED STATES GOVERNMENT EXIST IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

| NAME | POST OFFICE ADDRESS (Give street number, if any) | (1) POSITION (2) TENURE OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MAR. RIED | SIM- GLE (Check one) |
|------|---|---|--------------|--------------|----------------------------|
| | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |
| | | 5. | | | |
| | | 6. | | | |

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO | INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|--|-----|----|--|-----|----|
| 5. (a) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (b) A NATIVE OF AMERICAN SAMOA OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA? | X | | 10. (a) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT? | | X |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | X | | (b) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED? | | X |
| If your answer is "Yes," give details in Item 12. | | | 11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: | | |
| 7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR PAYMENT FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT, UNDER ANY RETIREMENT ACT OR ANY PENSION OR CIVIL SERVICE COMMISSION FOR MILITARY OR NAVAL SERVICES? | X | | A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: | | X |
| If your answer is "Yes," give details in Item 12. | | | (1) YOUR CONDUCT WAS NOT SATISFACTORY | | X |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN DISCHARGED BY THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT, UNDER ANY RETIREMENT ACT OR ANY PENSION OR CIVIL SERVICE COMMISSION FOR MILITARY OR NAVAL SERVICES? IF YES, GIVE THE DATE OF DISCHARGE AND THE REASONS. DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OR CIVIL PENALTY WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. | X | | (2) YOUR WORK WAS NOT SATISFACTORY | | X |
| If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charges, (3) place, (4) action taken. | X | | B. HAVE YOU BEEN DISCHARGED AFTER OFFICIAL NOTIFICATION THAT: | | X |
| 9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN DISMISSED BY THE CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE COMMISSION? | X | | (1) YOUR CONDUCT WAS NOT SATISFACTORY | | X |
| If your answer is "Yes," give names of and reasons for such disbarment in Item 12. | X | | (2) YOUR WORK WAS NOT SATISFACTORY | | X |
| 10. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITION? | | | C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITION? | | X |
| If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case. | | | If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case. | | X |

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

| | | | |
|----------|----------|----------|--|
| ITEM NO. | ITEM NO. | ITEM NO. | ITEM NO. |
| | | | 10. (a) PAYMENT OF LIFE INSURANCE 10. (b) PAYMENT OF GROUP LIFE INSURANCE |
| | | | 11. (a) PAYMENT OF LIFE INSURANCE 11. (b) PAYMENT OF GROUP LIFE INSURANCE |
| | | | 12. (a) PAYMENT OF LIFE INSURANCE 12. (b) PAYMENT OF GROUP LIFE INSURANCE |
| | | | 13. PAYMENT OF LIFE INSURANCE 13. PAYMENT OF GROUP LIFE INSURANCE |

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

14-00000
12 March 1959

To: Personnel Division
From: James B. Wilcott, Jr.
Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

James B. Wilcott Jr.
JAMES B. WILCOTT JR

Syracuse

New York

Be it Known That
James B. Wilcutt

has completed the curriculum prescribed by the Faculty and Board of Directors of this
Institute and after examination in all the required subjects is therefore adjudged worthy
of Graduation from the Course of

Executive Business Administration and Accounting

and is entitled to all the rights, privileges, and honors of the Institute, by which these
graduates are endowed.

In Testimony Whereof, witness the seal of the Institute and the signatures of its officers
are affixed at Syracuse, New York.

February 22, 1957

James B. Wilcutt
S. B. Wilcutt, D. B. A.

20 miles toward York. Oct 20

Attitudes toward Others

Personal Appearance. Good

Acceleration 100000

| SECTION IX | | MARITAL STATUS | | | | |
|---|----------------------------|----------------------|-------------------------|-------------------|----------|-----------------------|
| 1. CHECK ONE | SINGLE | MARRIED | WIDOWED | SEPARATED | DIVORCED | ANNULLED |
| 2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS | | | | | | |
| WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES. | | | | | | |
| 3. NAME OF SPOUSE | (First) | (Middle) | (Noe) | (Last) | | |
| 4. DATE OF MARRIAGE | 5. PLACE OF MARRIAGE | | | | | |
| 6. DATE OF BIRTH | 7. PLACE OF BIRTH | | | | | |
| 8. NATIONALITY AT BIRTH | 9. SUBSEQUENT CITIZENSHIPS | | | | | |
| 10. PRESENT RESIDENCE (Last residence, if deceased) | | | | | | |
| SECTION X | | CHILDREN | | | | |
| FULL NAME | | SEX | YEAR OF BIRTH | PLACE OF BIRTH | | NATIONALITY AT BIRTH* |
| STEVEN JAMES WILCOTT | | X | 1959 | Washington, D. C. | | U.S. citizen |
| *SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address) | | | | | | |
| SECTION XI | | FATHER | | | | |
| 1. FULL NAME | 2. YEAR OF BIRTH | 3. PLACE OF BIRTH | 4. NATIONALITY AT BIRTH | | | |
| 5. SUBSEQUENT CITIZENSHIPS | 6. OCCUPATION | 7. PRESENT RESIDENCE | | | | |
| SECTION XII | | MOTHER | | | | |
| 1. FULL NAME | 2. YEAR OF BIRTH | 3. PLACE OF BIRTH | 4. NATIONALITY AT BIRTH | | | |
| 5. SUBSEQUENT CITIZENSHIPS | 6. OCCUPATION | 7. PRESENT RESIDENCE | | | | |

| SECTION II | | CITIZENSHIP | | | | | | |
|---|---|---------------------------------|----------|-----------------|-------|----|------------|----|
| 1. PRESENT CITIZENSHIP | 2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.) | | | | | | | |
| 3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant) | | | | | | | | |
| 4. PERMANENT ADDRESS (If different than Item 3.) | | | | | | | | |
| 5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED | | | | | | | | |
| 6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes) | | | | | | | | |
| SECTION III | | OCCUPATIONAL AND FINANCIAL DATA | | | | | | |
| 1. PRESENT OCCUPATION | 2. TITLE | 3. SALARY (Per annum) | | | | | | |
| 4. FINANCIAL STATUS (Earnings, bank deposits, securities and property) | | | | | | | | |
| SECTION IV | | ORGANIZATIONAL AFFILIATIONS | | | | | | |
| 1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS | | | | | | | | |
| 2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS | | | | | | | | |
| SECTION V | | EDUCATIONAL DATA | | | | | | |
| 1. SCHOOLS | | | | | | | | |
| NAME AND LOCATION OF SCHOOL | NAME OF COURSE | DATES ATTENDED | | DEGREE RECEIVED | | | | |
| | | FROM | TO | | | | | |
| US Dept. of Agriculture Graduate School Wash. D. C. | Elementary Federal Gov. Accounting 1st semester | Sept 1957 | Feb 1958 | Grade - B | | | | |
| US Dept. of Agriculture Graduate School Wash. D. C. | Elementary Federal Gov. Accounting 2nd semester | Feb 1958 | May 1958 | Grade - A | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. LANGUAGES AND DIALECTS | | COMPETENCE | | | | | | |
| (List below each language in which you possess any degree of competence.) | READ | | WRITE | | SPEAK | | UNDERSTAND | |
| | YES | NO | YES | NO | YES | NO | YES | NO |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SECRET

(When Filled In)

THIS DATE

m

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

INSTRUCTIONS

This form provides the means whereby your official personnel record will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in these entirely. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

| | | | |
|---|---|------|--|
| 1. FULL NAME (Last-First-Middle) | Wilcott, James Bernard Jr. | | |
| 2. CURRENT ADDRESS (No., Street, City, Zone, State) | 3. PERMANENT ADDRESS (No., Street, City, Zone, State) | | |
| Governor Shephard Apts Apt 103 2121 Virginia Ave NW Washington, 7 D.C. | | SAME | |
| 4. HOME TELEPHONE NUMBER NA-8-3771 Ext 103 | 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Washington, D.C. | | |

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

| | |
|--|---|
| 1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. | 2. RELATIONSHIP |
| Mrs. Elsie L. Wilcott | Wife |
| 3. HOME ADDRESS (No., Street, City, Zone, State, Country). 2121 Virginia Ave NW Washington 7, D.C. | |
| 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 2430 E St. Washington, D.C. | |
| 5. HOME TELEPHONE NUMBER NA 8-3771 Ext 103 | 6. BUSINESS TELEPHONE NUMBER EX 3-6115 |
| 7. BUSINESS TELEPHONE EXTENSION Ex 3229 | |
| 8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. | |

SECTION III

MARITAL STATUS

| |
|--|
| 1. CHECK ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED |
| 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULEMENTS |

NA

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

| | | |
|---|--|--|
| 3. NAME First: Elsie Middle: Louise Last: Wilcott | Middle: (Maiden) Paul | Last: (Last) |
| 4. DATE OF MARRIAGE 9/9/55 | 5. PLACE OF MARRIAGE (City, State, Country) Eagle Bay, New York USA | |
| 6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) Cold Brook, New York USA | | |
| 7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 8. DATE OF DEATH NA |
| 9. CAUSE OF DEATH NA | | 10. CURRENT ADDRESS (Give last address, if deceased) 2121 Virginia Ave NW, Washington 7, D.C. |
| 11. DATE OF BIRTH 9/9/34 | | 12. PLACE OF BIRTH (City, State, Country) Cold Brook, New York |
| 13. IF BORN OUTSIDE U.S.-DATE OF ENTRY NA | | 14. PLACE OF ENTRY |
| 15. CITIZENSHIP (Country) USA | | 16. DATE ACQUIRED |
| 17. OCCUPATION Govern. clerk steno | | 18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) |
| 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) 2430 E St. Washington, D.C. | | |

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SECTION III CONTINUED TO PAGE 2

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(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From: and To:) BY MONTH AND YEAR

None

22. BRANCH OF SERVICE
NA

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

None

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

| | | |
|--|-------------------------|-------------------------|
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| None | | |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| 2. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 3. CITIZENSHIP (Country) | 4. FREQUENCY OF CONTACT | 5. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| 3. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 4. CITIZENSHIP (Country) | 5. FREQUENCY OF CONTACT | 6. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES | | |

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

My wife also receives a salary.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

None

SECTION V CONTINUED TO PAGE 3

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(When Filled In)

SECTION V CONTINUED FROM PAGE 2

5. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| | | | | | |
|---|--|----------------|--------------|-------------|----------------------------------|
| NAME OF INSTITUTION | ACCO/NS (City, State, Country) | | | | |
| The National Bank of Washington | Washington, D. C. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S) | | | | | |
| ● SECTION VI. CITIZENSHIP | | | | | |
| 1. COUNTRY OF CURRENT CITIZENSHIP | 2. CITIZENSHIP ACQUIRED BY - CHECK (1) ONE | | | | |
| USA | <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (Specify) | | | | |
| 3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? | 4. GIVE PARTICULARS | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (PAPER PAPERS, ETC.) | | | | | |
| NA | | | | | |
| ● SECTION VII. EDUCATION | | | | | |
| 1. CHECK (1) HIGHEST LEVEL OF EDUCATION ATTAINED | | | | | |
| LESS THAN HIGH SCHOOL GRADUATE | OVER TWO YEARS OF COLLEGE - NO DEGREE | | | | |
| HIGH SCHOOL GRADUATE | BACHELOR'S DEGREE | | | | |
| TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | SECONDARY STUDY LEADING TO HIGHER DEGREE | | | | |
| <input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS | MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE | | | | |
| 2. COLLEGE OR UNIVERSITY STUDY | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | DATES ATTENDED | DEGREE REC'D | DATE REC'D | SEM/QUA HRS. COMPLETED (Specify) |
| | MAJOR | MINOR | FROM | TO | |
| Utica College of Syracuse Univ. Utica, NY | Math Physics | Feb. 53 | June 55 | None | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS | | | | | |
| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL HOURS | |
| | | FROM | TO | | |
| Central City Business Institute | Accounting (2 years) | Feb. 1955 | Feb. 1957 | | |
| | | | | | |
| | | | | | |
| 4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.) | | | | | |
| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL WEEKS | |
| | | FROM | TO | | |
| Ft. Belvoir Engineer School | electrician | April 1949 | June 1949 | 8 | |
| | | | | | |
| 5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE. At present taking a course at US Dept of Agr. Title - Elementary Federal Government Accounting | | | | | |

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| SECTION VIII | | GEOGRAPHIC AREA KNOWLEDGE | | | | | | | |
|--|--|-------------------------------|--|---|--|-----------------------|------------------|----------|-----------------|
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBOURS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC. | | TYPE OF SPECIALIZED KNOWLEDGE | | DATES OF RESIDENCE, TRAVEL, ETC. | | KNOWLEDGE ACQUIRED BY | | | |
| NAME OF REGION OR COUNTRY | | | | | | RESIDENCE | TRAVEL | STUDY | WORK ASSIGNMENT |
| Okinawa | | | | 6/49 to 3/51 | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE | | | | | | | | | |
| 3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY. | | | | | | | | | |
| NAME OF REGION OR COUNTRY | | TYPE OF SPECIALIZED KNOWLEDGE | | DATES OF RESIDENCE, TRAVEL, ETC. | | KNOWLEDGE ACQUIRED BY | | | |
| | | | | | | HOSTS ASSIGNMENT | FIELD ASSIGNMENT | TRAINING | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| SECTION IX | | | | | | | | | |
| TYPING AND STENOGRAPHIC SKILLS | | | | | | | | | |
| 1. TYPING (W.P.M.) | | 2. SHORTHAND (W.P.M.) | | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM | | | | | |
| 40 | | | | GREGG | SPEEDWRITING | STENOTYPE | OTHER (Specify): | | |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) | | | | | | | | | |
| National Bookkeeping | | | | | | | | | |
| SECTION X | | | | | | | | | |
| SPECIAL QUALIFICATIONS | | | | | | | | | |
| 1. LIST ALL Hobbies AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH | | | | | | | | | |
| Chess - Fair, Football - fair | | | | | | | | | |
| 2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK | | | | | | | | | |
| US Dept of Agr. Graduate School - Elementary Federal Government Accounting | | | | | | | | | |
| 3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC. | | | | | | | | | |
| National Bookkeeping machines, comptometer, calculator | | | | | | | | | |
| 4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN. | | | | | | | | | |
| None | | | | | | | | | |
| 5. FIRST LICENSE OR CERTIFICATE (Year of issue) | | | | | 6. LATEST LICENSE OR CERTIFICATE (Year of issue) | | | | |

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(When Filled In)

SECTION X CONTINUED FROM PAGE 4

3. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

4. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

5. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

| | | |
|---|----------------------------|--|
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 3/20/57 to 2/15/58 | 5 | Fiscal Div. Accounts Branch |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| None | Accounting Clerk | |
| 6. DESCRIPTION OF DUTIES | | |
| Posting of financial transactions to Allotment Ledgers | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 2/15/58 to Present | 5 | Finance Div. Tax and Compensation Branch |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| None | Payroll Clerk | |
| 6. DESCRIPTION OF DUTIES | | |
| Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations. | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | • | |
| 6. DESCRIPTION OF DUTIES | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | • | |
| 6. DESCRIPTION OF DUTIES | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| | | |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| | • | |
| 6. DESCRIPTION OF DUTIES | | |

(Use additional pages if required)

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Shan Villot Inc.

SECTION III

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (INCLUDING STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (INCLUDING SPOUSE, PARENTS, STEPARENTS, BROTHERS, ETC.) WHO SUPPORT YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS IN 1 AND 2.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEM(s)

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

ARR 14 1963 AM '58

DATE COMPLETED

DATE COMPLETED 4/18/65

SIGNATURE OF EMPLOYEE

NAME OF EMPLOYEE

SECRET

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1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

| | | | |
|-------------------------|---------|-------------|------------------------|
| NAME OF EMPLOYEE (Last) | (First) | (Middle) | SOCIAL SECURITY NUMBER |
| Wilcox | James | REINHOLD JR | |

1. RESIDENCE DATA

| | |
|---|---|
| PLACE OF RESIDENCE WHEN INITIALLY APPOINTED | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |
| SYRACUSE, N.Y. | |

| | |
|---|----------------------|
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE | HOME LEAVE RESIDENCE |
| COLD BROOK, N.Y. | |

2. MARITAL STATUS (Check one)

| | | | | | |
|-------------------------------|---------|-----------|----------|---------|------------------|
| SINGLE | MARRIED | SEPARATED | DIVORCED | WIDOWED | ANNULLED |
| IF MARRIED, PLACE OF MARRIAGE | | | | | DATE OF MARRIAGE |
| ENIGLE BAY, N.Y. | | | | | 9/9/54 |

| | | | | | |
|--------------------------------------|--|--|--|--|----------------|
| IF DIVORCED, PLACE OF DIVORCE DECREE | | | | | DATE OF DECREE |
|--------------------------------------|--|--|--|--|----------------|

| | | | | | |
|-------------------------------|--|--|--|--|------------------|
| IF WIDOWED, PLACE SPOUSE DIED | | | | | DATE SPOUSE DIED |
|-------------------------------|--|--|--|--|------------------|

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

| | | |
|----------------|--|---------------|
| NAME OF SPOUSE | ADDRESS (No., Street, City, Zone, State) | TELEPHONE NO. |
| ELsie Louise | COLD BROOK, N.Y. | |

| | | | |
|------------------|------------------|-----|---------------|
| NAME OF CHILDREN | ADDRESS | SEX | DATE OF BIRTH |
| STEVEN JAMES | COLD BROOK, N.Y. | 41 | 2/16/59 |

| | | |
|-----------------------------------|---------|---------------|
| NAME OF FATHER (Or male guardian) | ADDRESS | TELEPHONE NO. |
| James REINHOLD Wilcox | UNKNOWN | |

| | | |
|-------------------------------------|----------------------------------|---------------|
| NAME OF MOTHER (Or female guardian) | ADDRESS | TELEPHONE NO. |
| ESTHER MAUD Wilcox | 1510 BRINKERHOFF AVE. UTICA N.Y. | |

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

| | |
|--|--------------|
| NAME (Mr., Mrs., Miss) (Last-First-Middle) | RELATIONSHIP |
| GETOLDINE FRANCIS MOSHER | SISTER |

| | |
|---|-----------------------|
| HOME ADDRESS (No., Street, City, Zone, State) | HOME TELEPHONE NUMBER |
| 1510 BRINKERHOFF AVE. UTICA N.Y. | |

| | |
|---|--------------------------------|
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE | BUSINESS TELEPHONE & EXTENSION |
|---|--------------------------------|

IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

| | |
|-----|---|
| YES | |
| NO | ✓ |

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

| | |
|-----|---|
| YES | |
| NO | ✓ |

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

| | |
|-----|---|
| YES | ✓ |
| NO | |

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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(When Filled In)

VOLUNTARY ENTRIES

6. Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ONE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

CITIZEN'S BANK OF MARYLAND
RIVERDALE, MD # 960-1-596

NO HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
 YES NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT Washington, D. C. DATE 15 April 1965 SIGNATURE *James B. Wilcox Jr.*

CONFIDENTIAL

STANDARD FORM 144
REVISED SEPTEMBER 1948
U. S. CIVIL SERVICE COMMISSION
7 PAGES

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

| PART I—EMPLOYEE'S STATEMENT | | | | | | | | PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE | | |
|---|-------|-------|-----|---------------------------------|-------|-----|------------------------------|---|-------|-----|
| 1. NAME (Last, first, middle initial) | | | | 2. DATE OF BIRTH | | | | 9. RETENTION GROUP | | |
| WILCOTT, JAMES BERNARD, JR. | | | | 27 Sept. 1931 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO B TYPE OF PRESENT APPOINTMENT | | |
| 3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service) | | | | | | | | 11. SERVICE | | |
| NAME AND LOCATION OF AGENCY | FROM— | | | TO— | | | TYPE OF APPOINTMENT IF KNOWN | YEAR | MONTH | DAY |
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | | | |
| None | | | | | | | | | | |
| 4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE" | | | | | | | | | | |
| BRANCH | FROM— | | | TO— | | | DISCHARGE (Hon. or dishon.) | YEAR | MONTH | DAY |
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | | | |
| U. S. Army | 1948 | Dec | 13 | 1952 | Aug. | 10 | Hon. | | | |
| 03 08 08 | | | | | | | | | | |
| 12. TOTAL SERVICE 03-08-08 | | | | | | | | | | |
| 13. NONCREDITABLE SERVICE (Leave purposes only): | | | | | | | | | | |
| 14. NONCREDITABLE SERVICE (RIF purposes only): | | | | | | | | | | |
| 15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | |
| 16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | |
| 17. EXPIRATION DATE OF RETENTION RIGHTS | | | | | | | | | | |
| 6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?) | | | | | | | | | | |
| 7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | |
| 8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. | | | | | | | | | | |
| 4 March 1957 (DATE) | | | | James E. Wilcott (SIGNATURE) | | | | | | |
| Subscribed and sworn to before me on this 4th day of March 1957 at Washington, D. C. (MONTH) (CITY) (STATE) | | | | | | | | | | |
| S E A L Cecil E. Peirce Appointment Clerk | | | | | | | | | | |
| NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. | | | | | | | | | | |
| INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved. | | | | | | | | | | |

(OVER)

16-6442-8

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 5J.) Employee has a competitive status. This determination is based upon the following evidence:

| NAME OF AGENCY | SIGNATURE AND OFFICIAL TITLE | DATE |
|----------------|------------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

*Verified
1/1/57*

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

| | TOTAL SERVICE (Item 12) | NONCREDITABLE SERVICE (Item 13) | CREDITABLE SERVICE (Leave Purposes) | ENTRANCE ON DUTY DATE (Present Agency) | LESS CREDITABLE SERVICE (Leave Purposes) | SERVICE COM- PUTATION DATE (Leave Purposes) |
|--------|----------------------------|---------------------------------------|---|--|--|---|
| Years | 03 | / | 03 | 57 | 03 | 53 |
| Months | 08 | / | 08 | 03 | 08 | 06 |
| Days | 18 | / | 08 | 04 | 08 | 26 |

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

| | TOTAL SERVICE (Item 12) | NONCREDITABLE SERVICE (Item 14) | CREDITABLE SERVICE (RIF Purposes) | ENTRANCE ON DUTY DATE (Present Agency) | LESS CREDITABLE SERVICE (RIF Purposes) | SERVICE COM- PUTATION DATE* (RIF Purposes) |
|--------|----------------------------|---------------------------------------|---|--|--|--|
| Years | | | | | | |
| Months | | | | | | |
| Days | | | | | | |

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7.

REMARKS:

1400000
CONFIDENTIAL
(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965

YOUR
REFERENCE: Memorandum dated 18 November 1965

CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

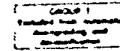
1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.
 A personal interview is not necessary.
 Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division



CONFIDENTIAL

(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : *Hilbert, James B.*

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

A personal interview in the Office of Security must be arranged by your office.

A personal interview is not necessary.

W. R. Eastman

W. A. O'Brien

CHIEF, PERSONNEL SECURITY DIVISION, 43

ma

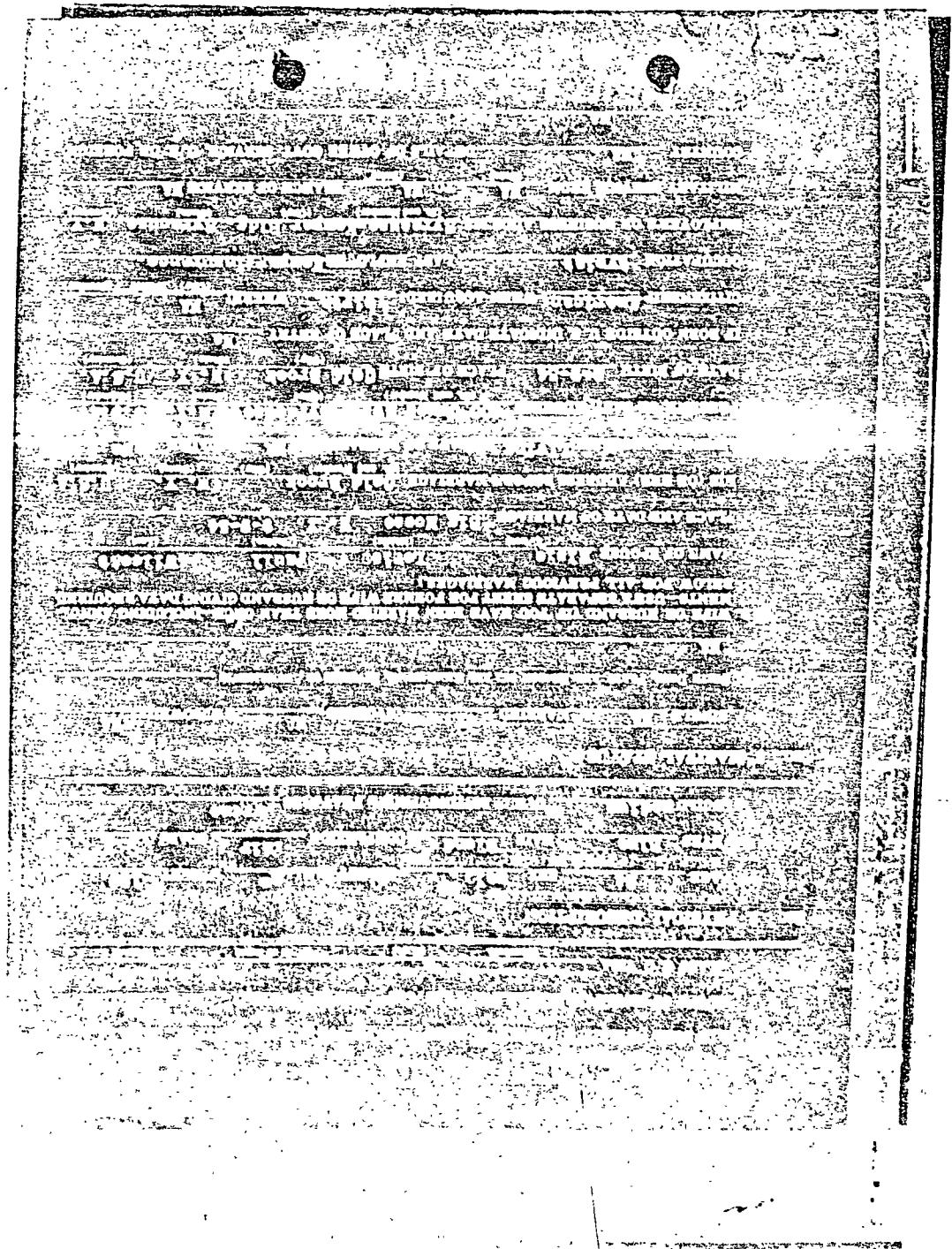
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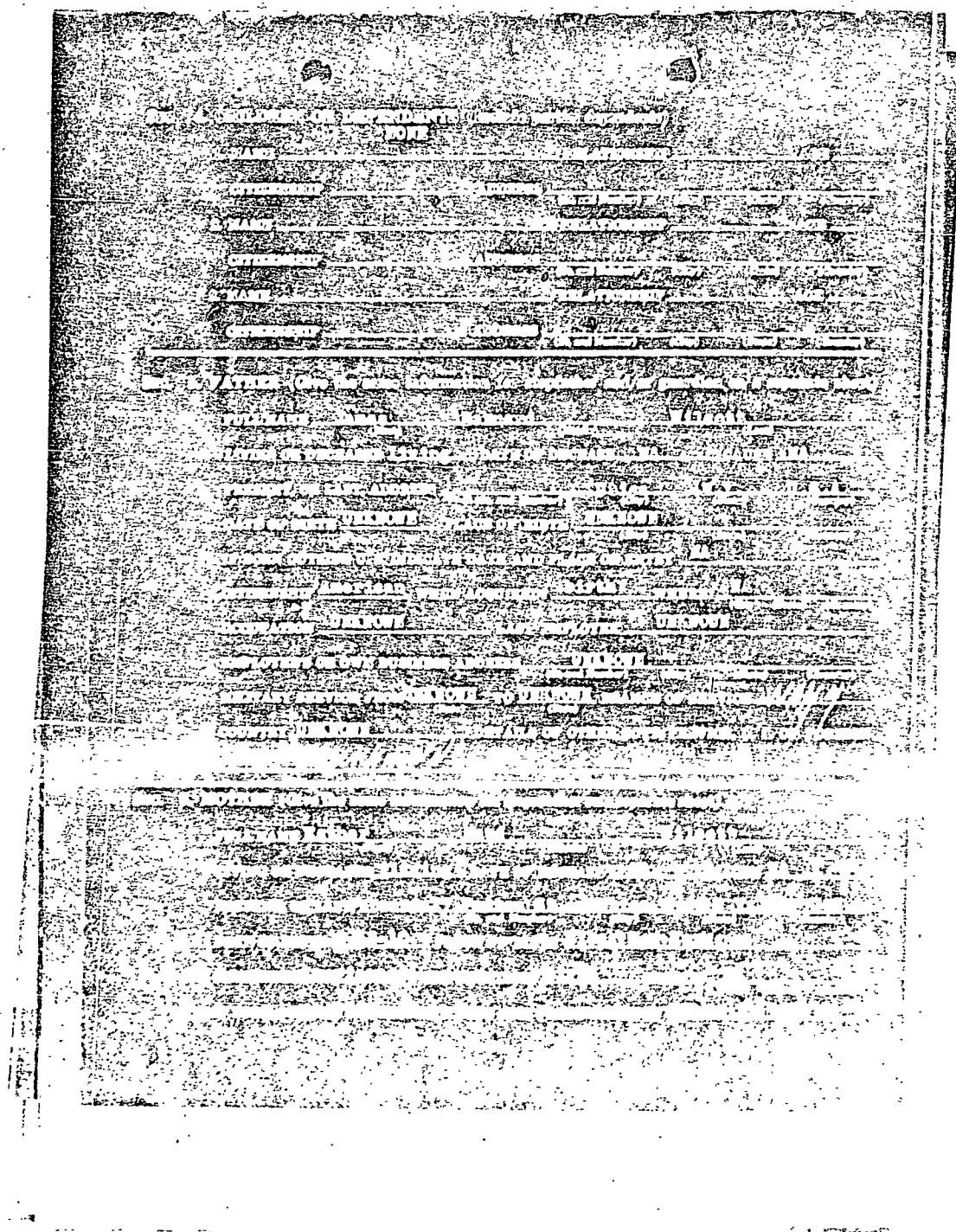
CONFIDENTIAL

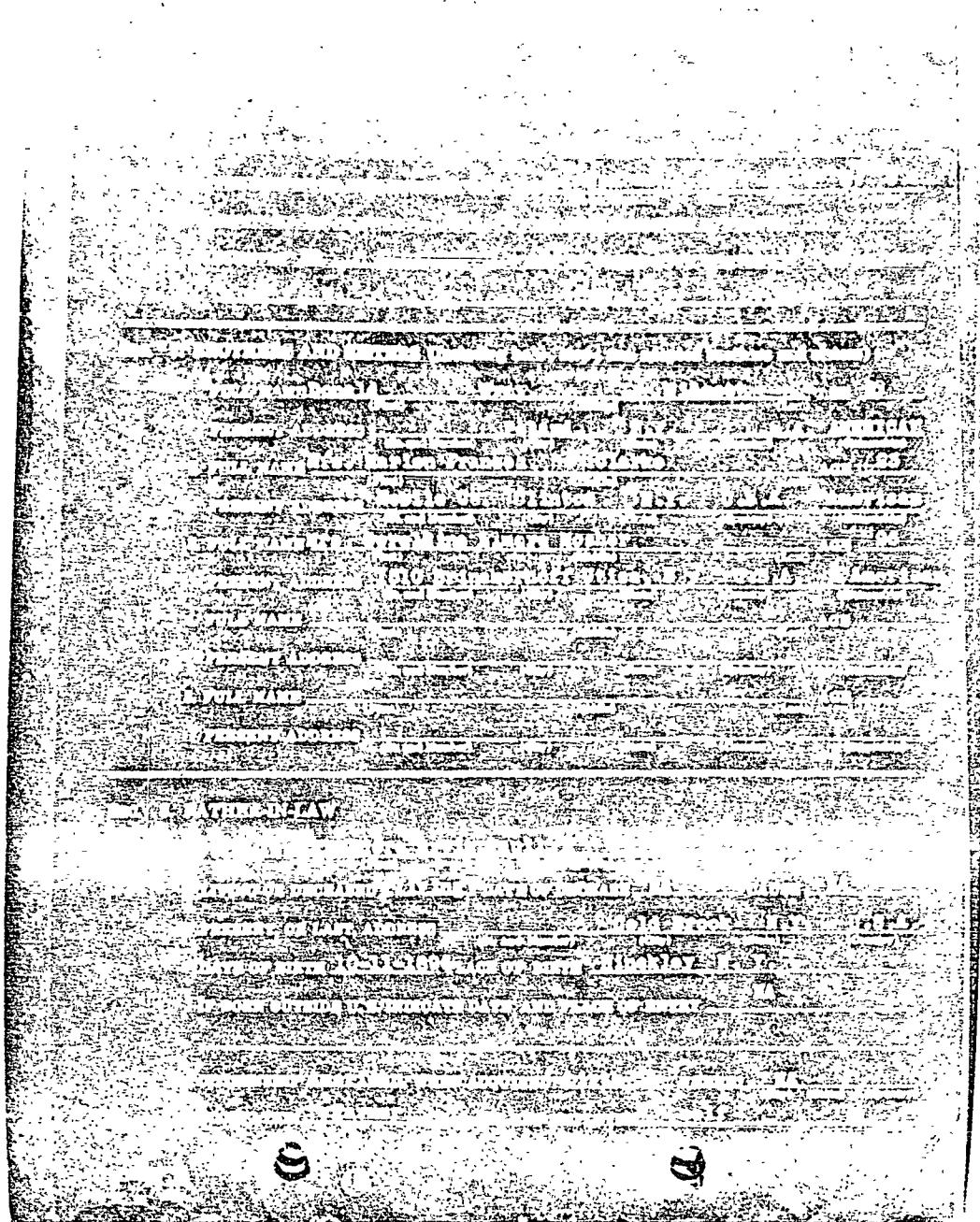
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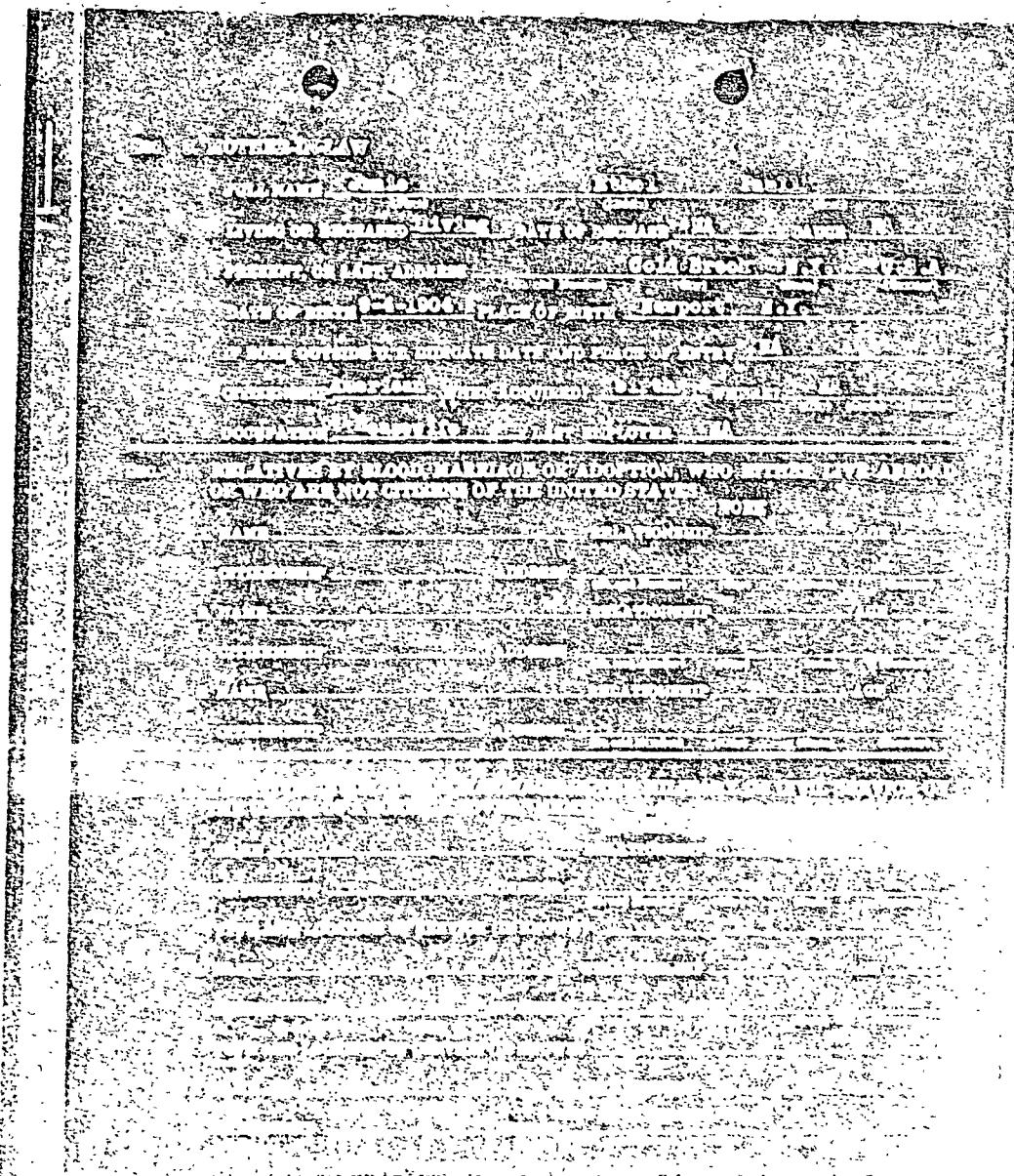


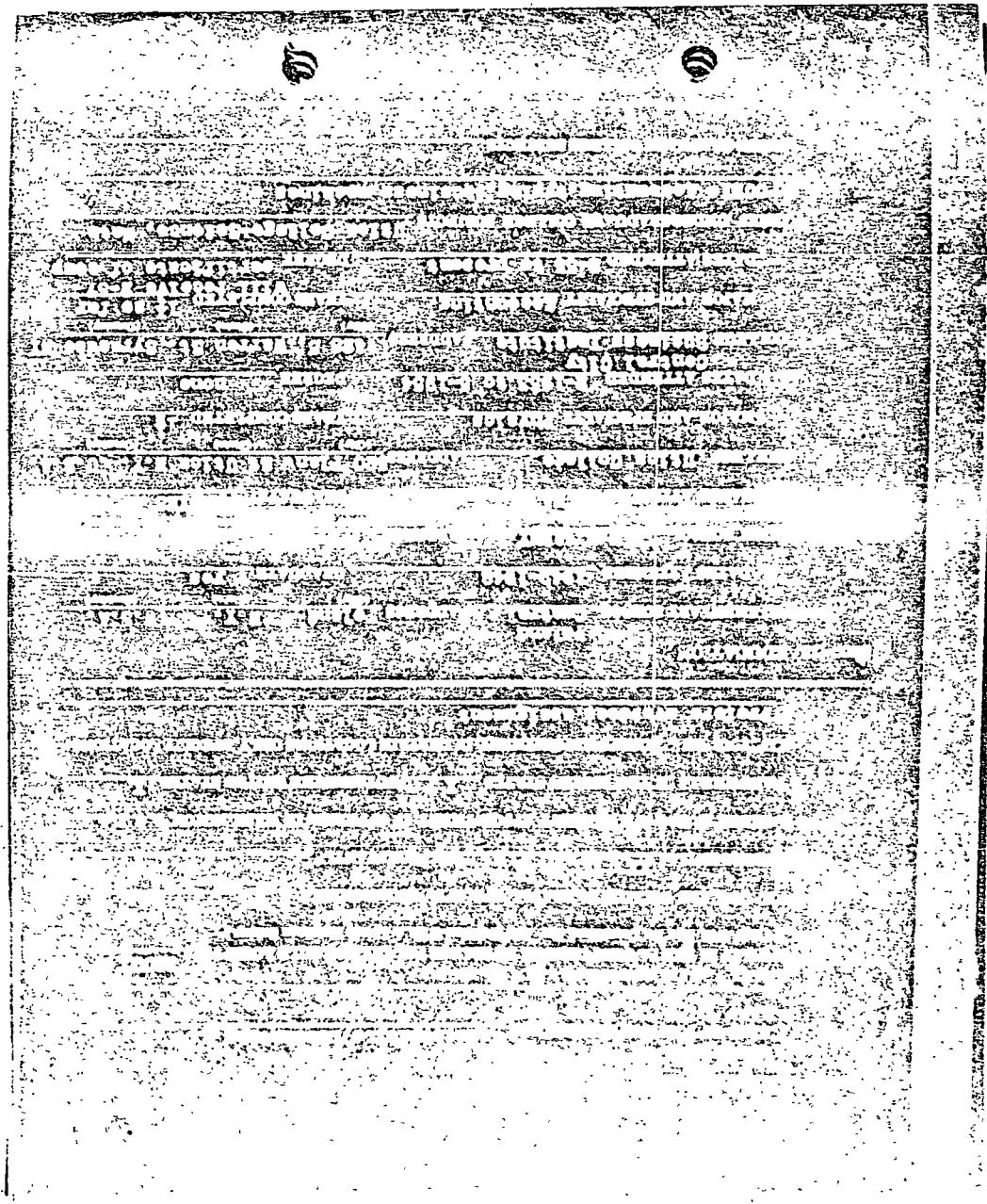
RAMSEY WILCOTT JR
MAR 67

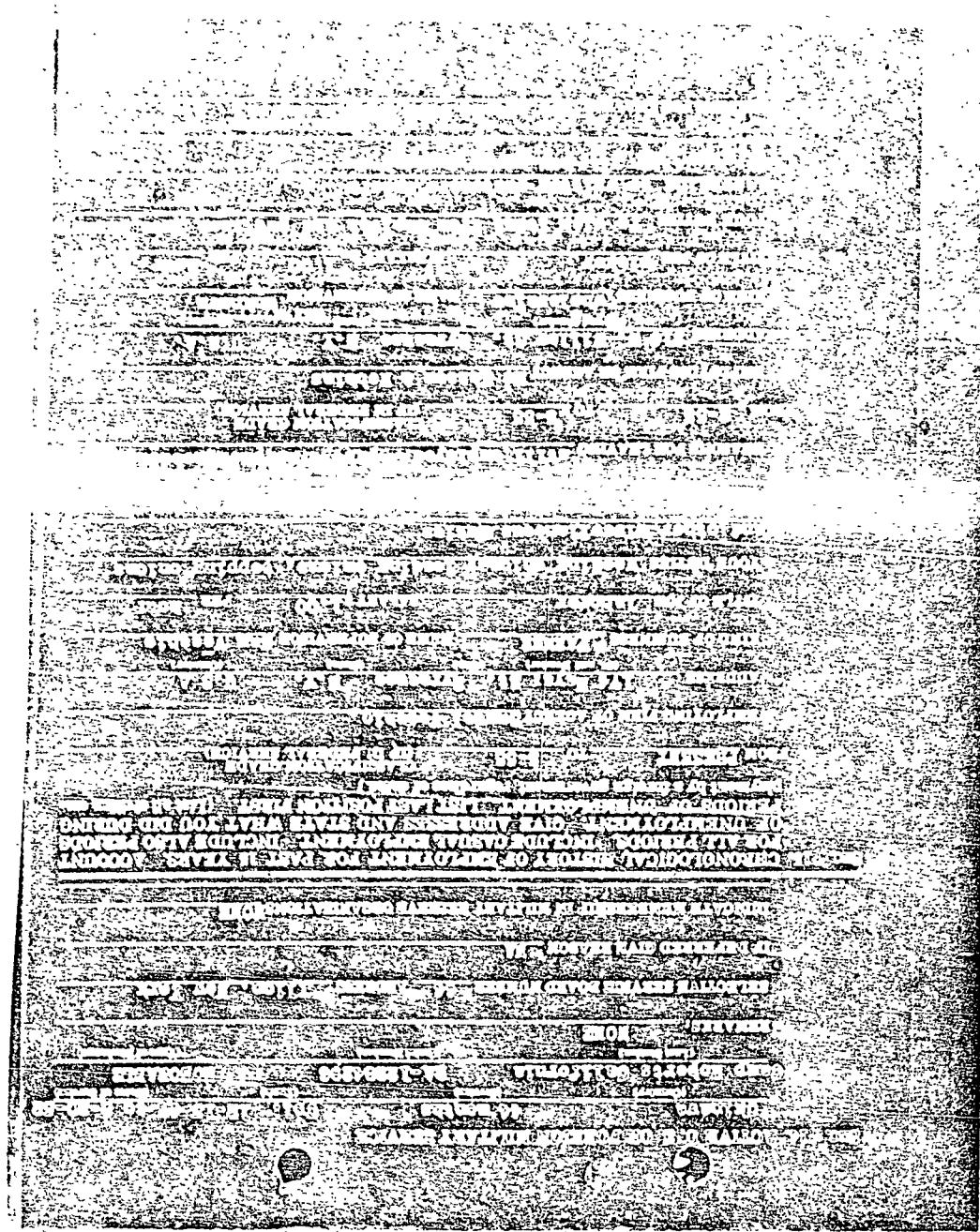


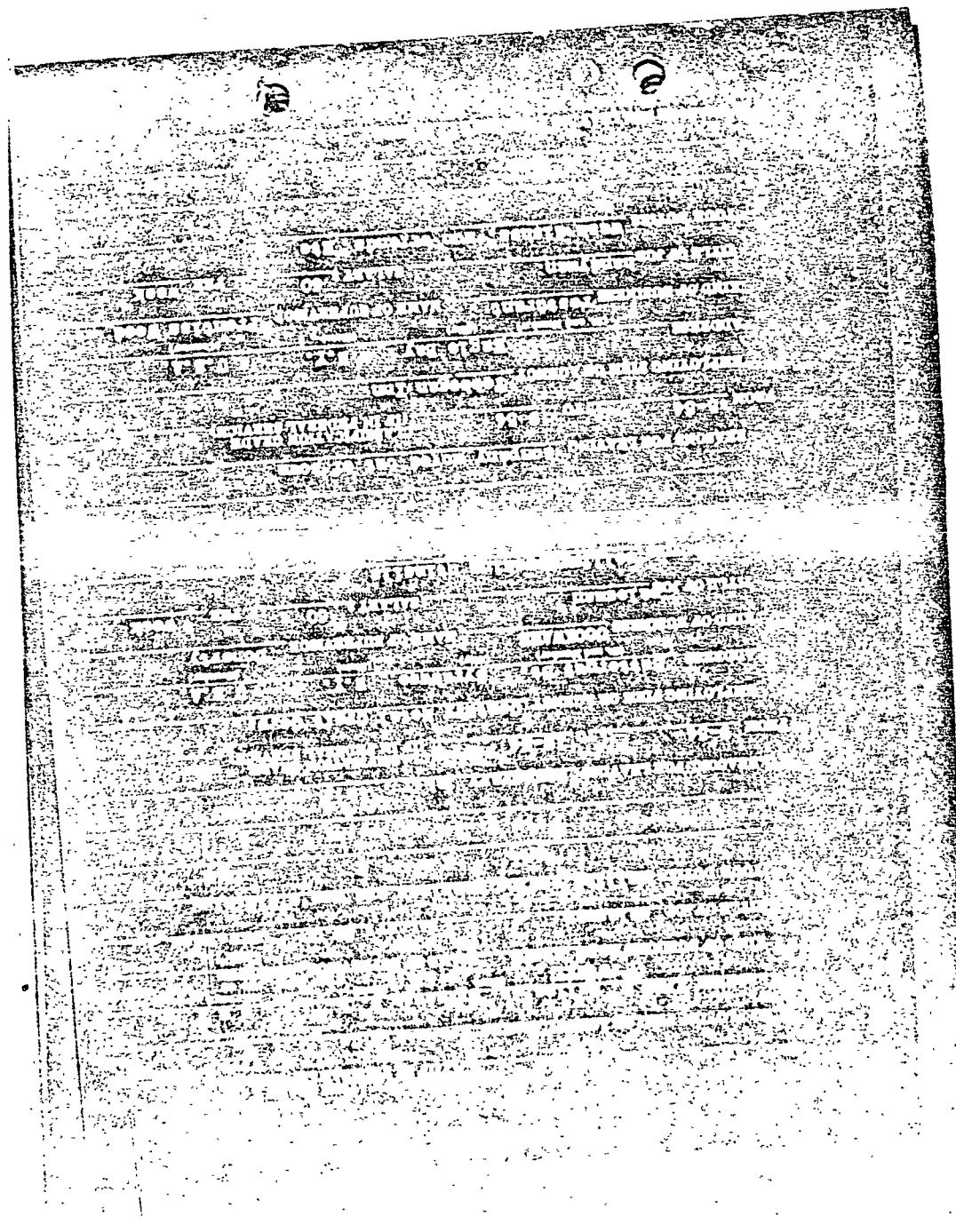


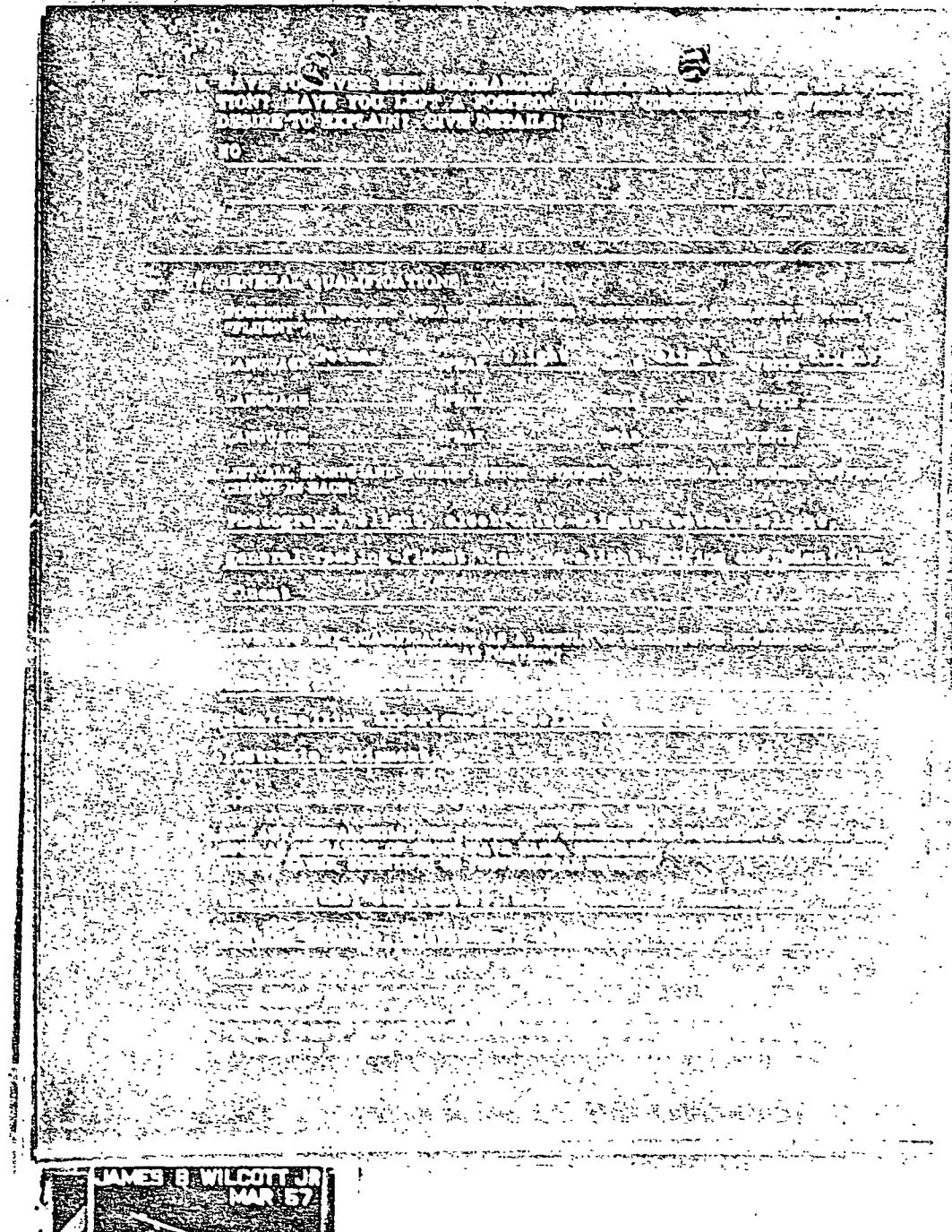


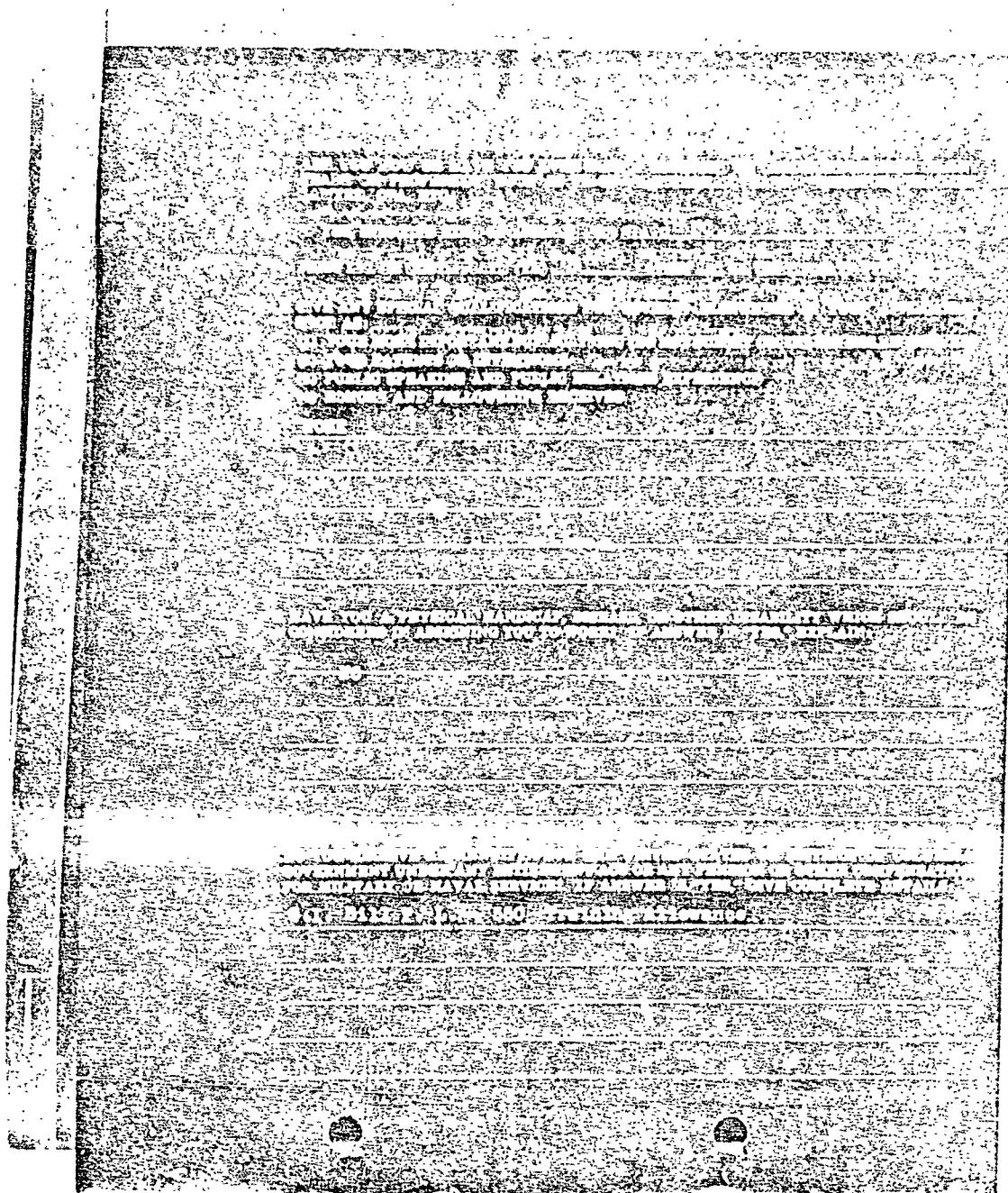


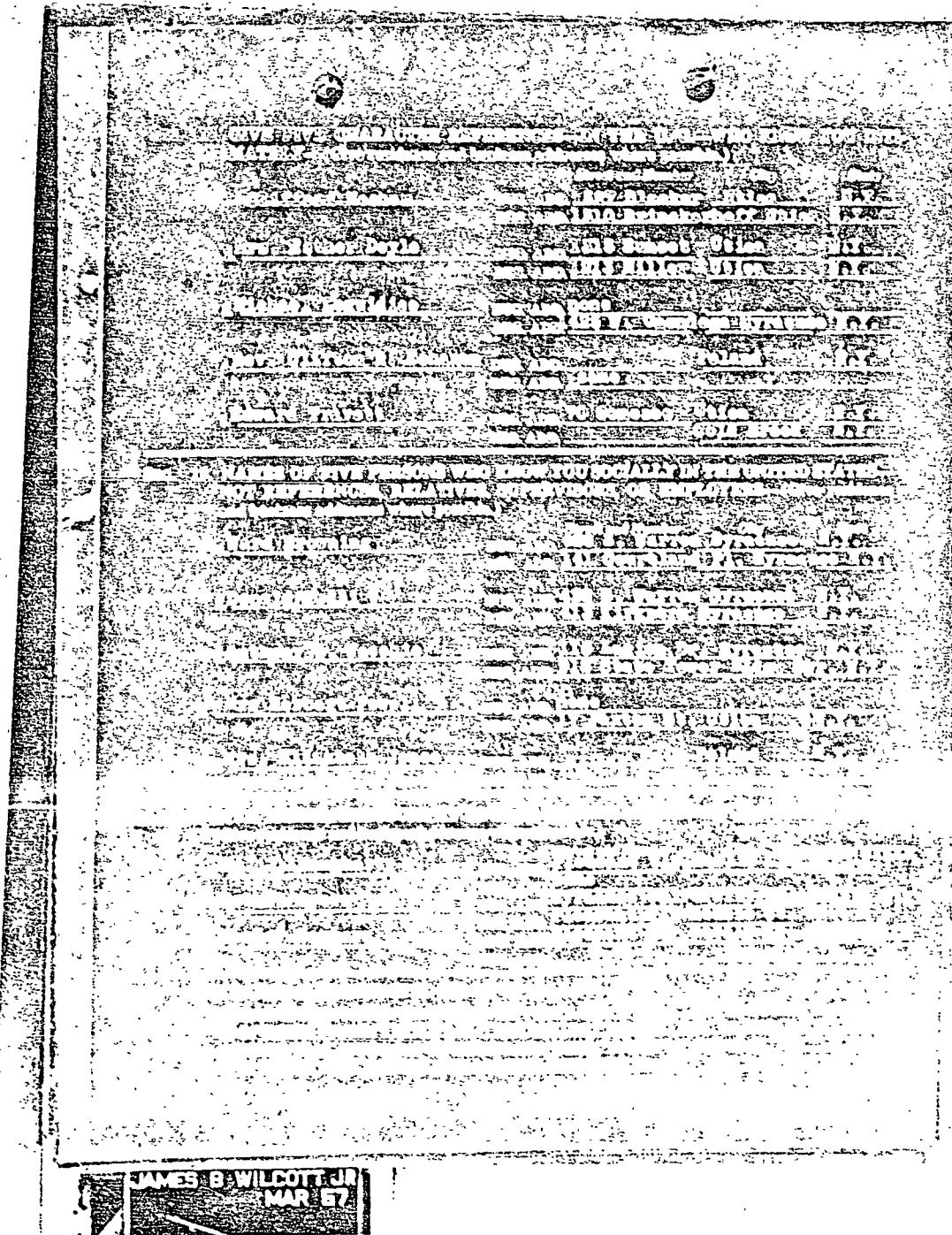


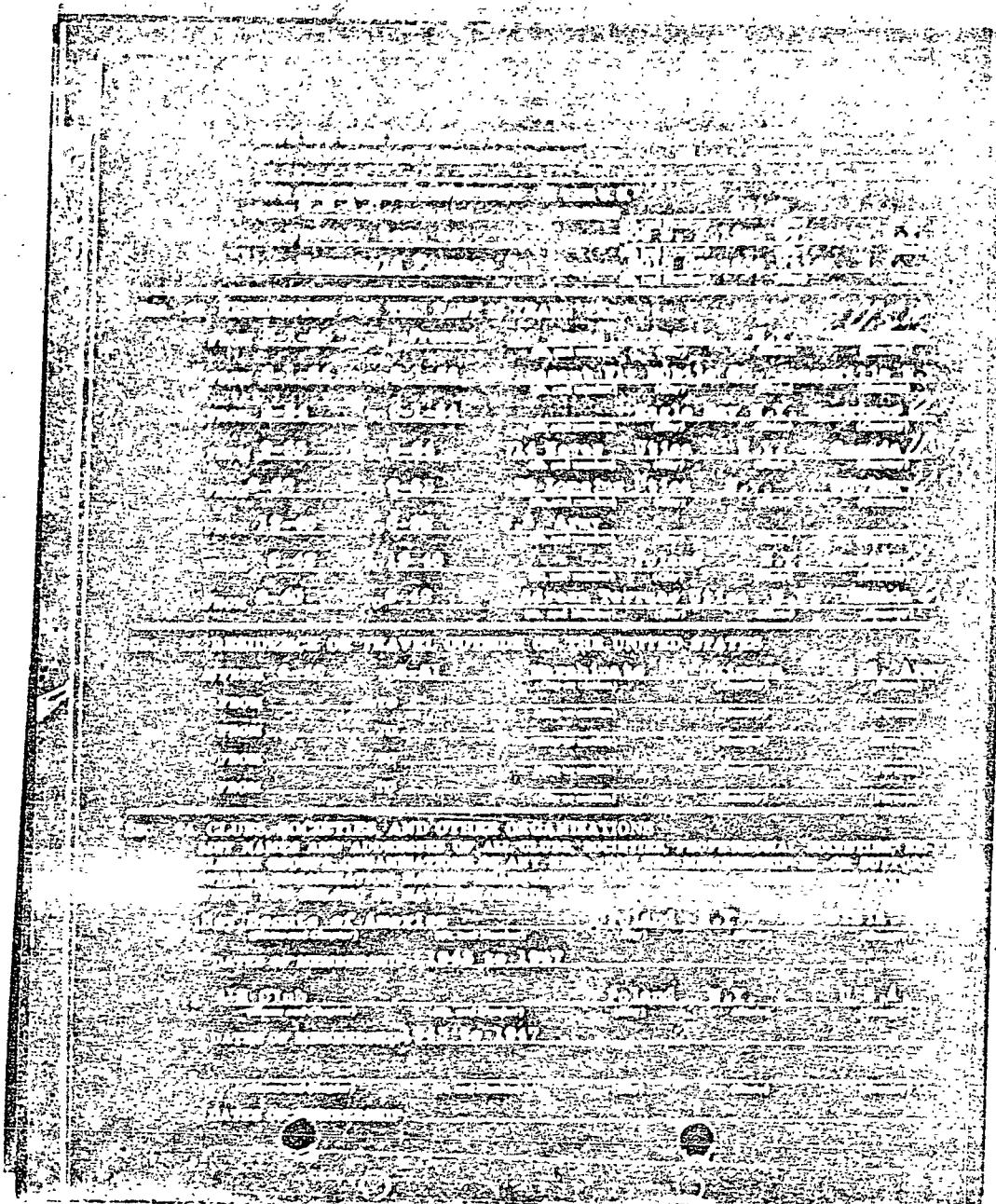


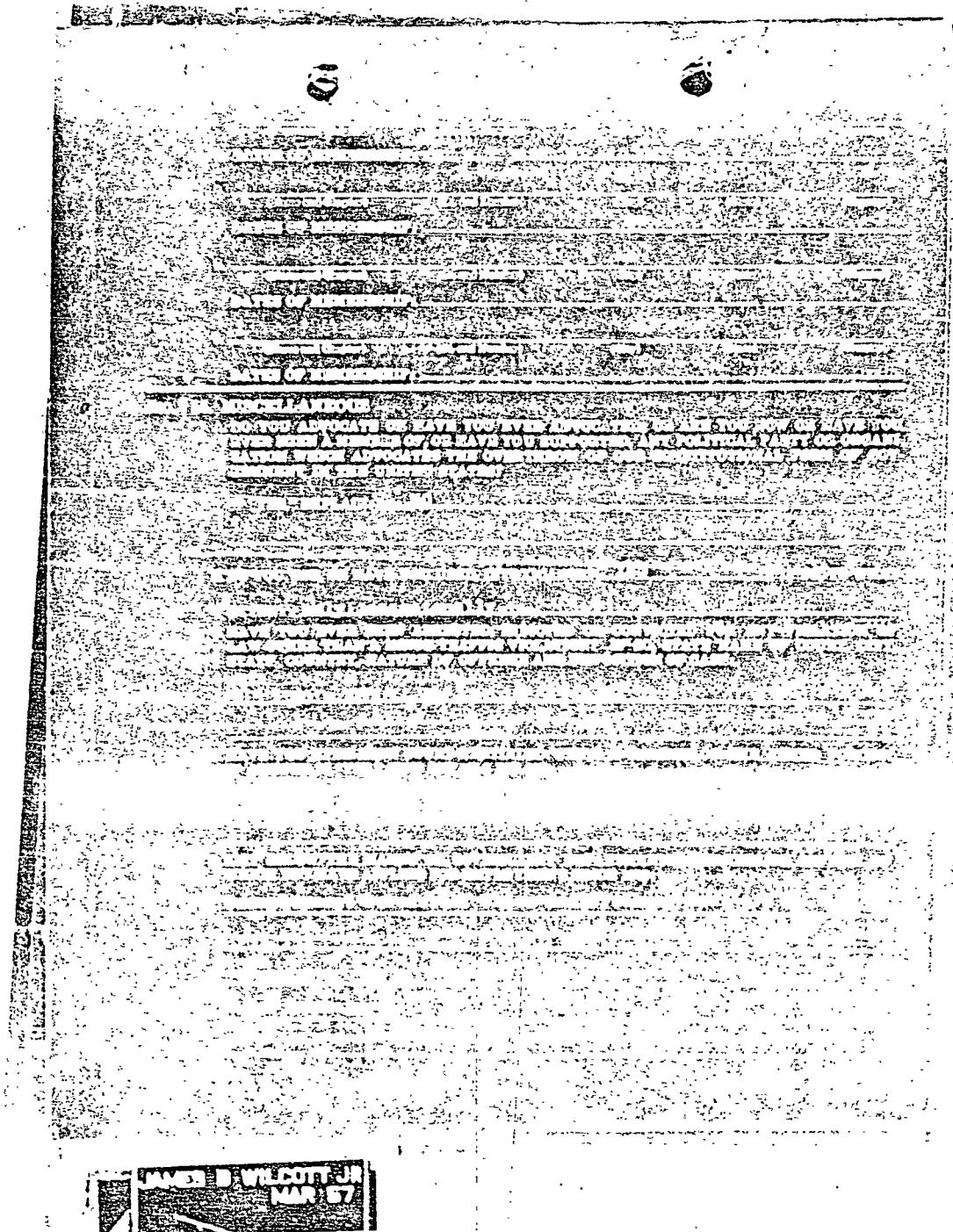


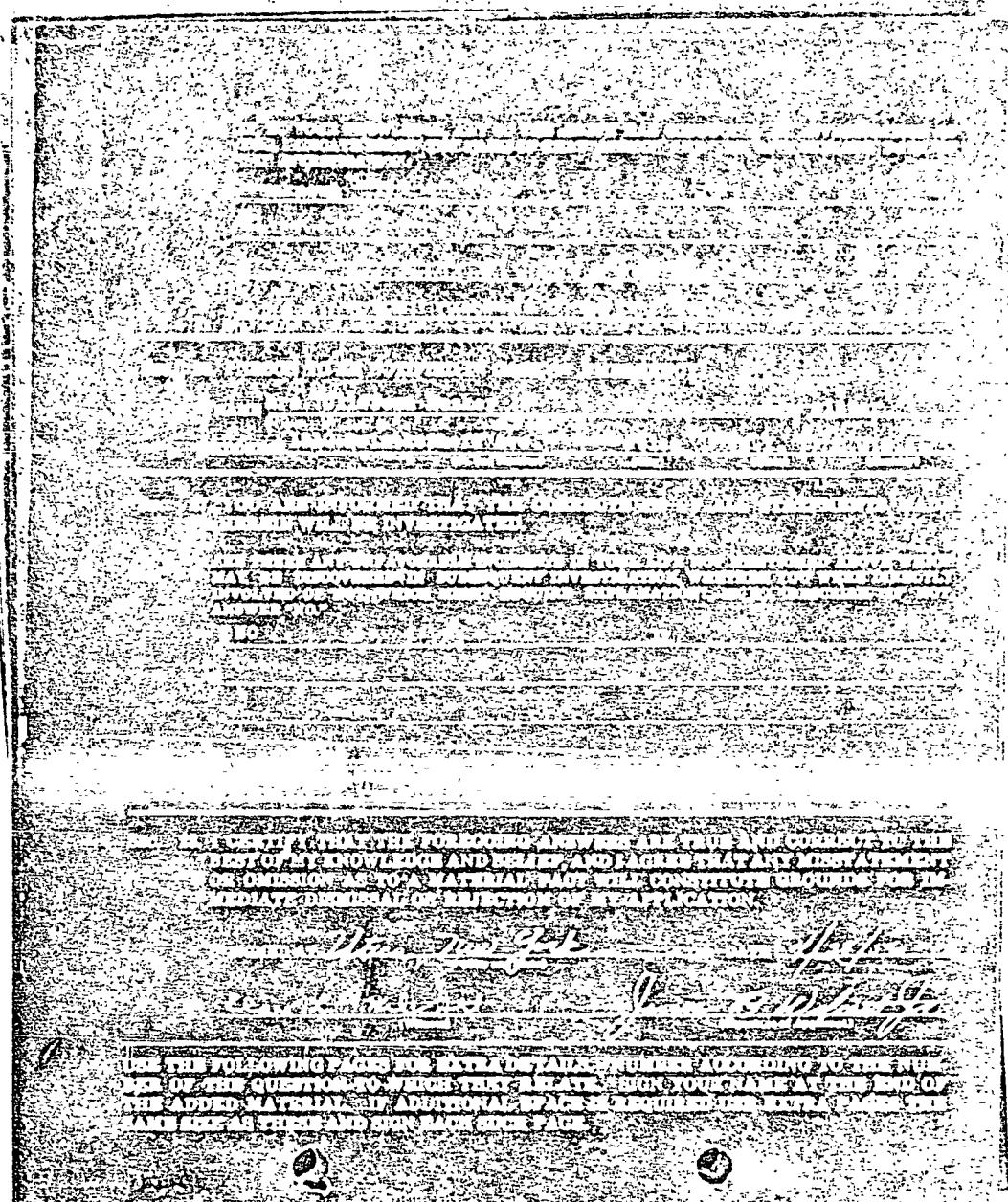


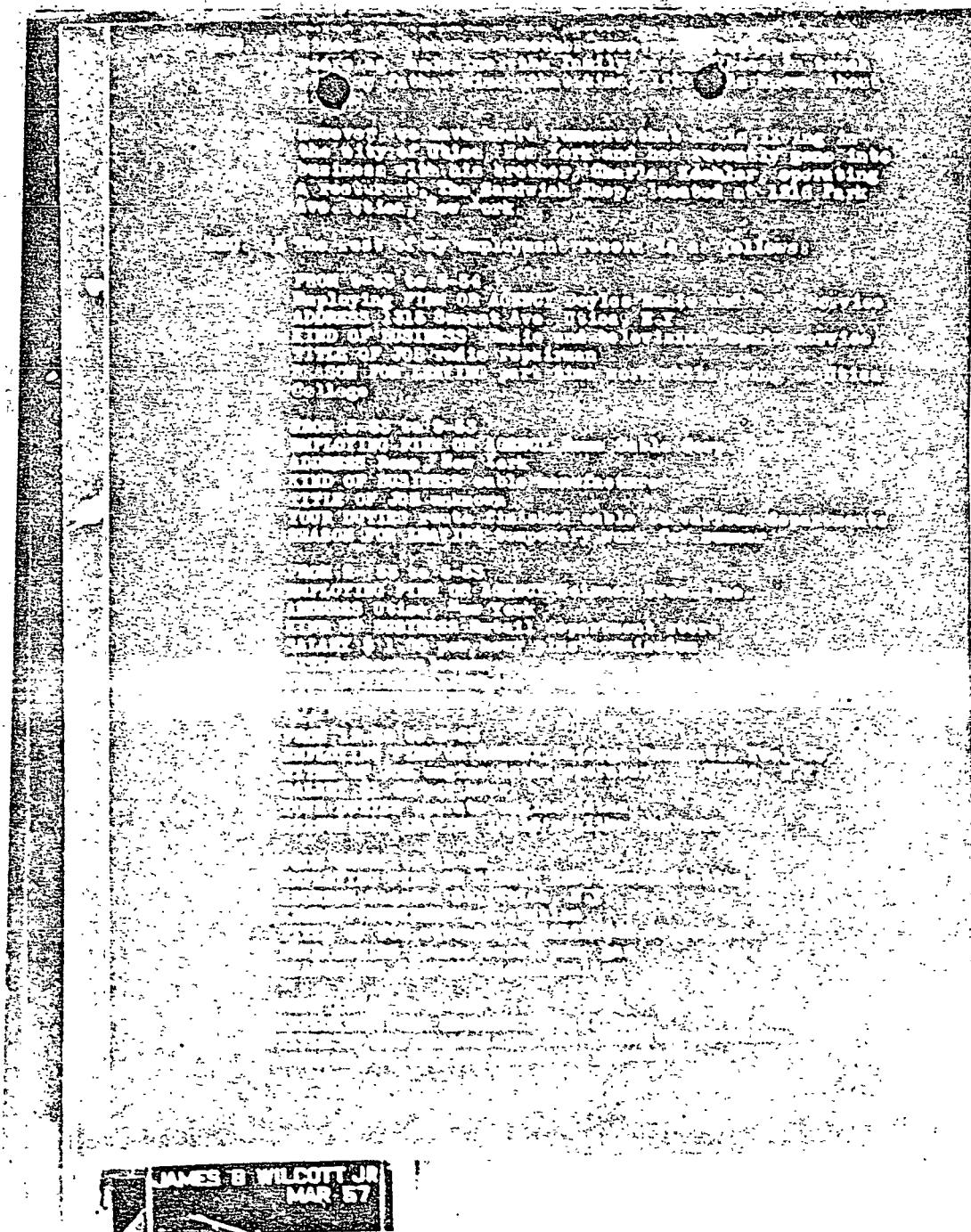












CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: WILCOTT, James Bernard, Jr.

Your Reference: C-5841 Compt.
Case Number: 109301

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott
by

CONFIDENTIAL